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TRANSACTIONS

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OF THE CANADIAN DENTAL ASSOCIATION

v. 22



ANNUAL MEETING
BOARD OF GOVERNORS
HOTEL BONAVENTURE, MONTREAL
JUNE 1 - 3, 1972

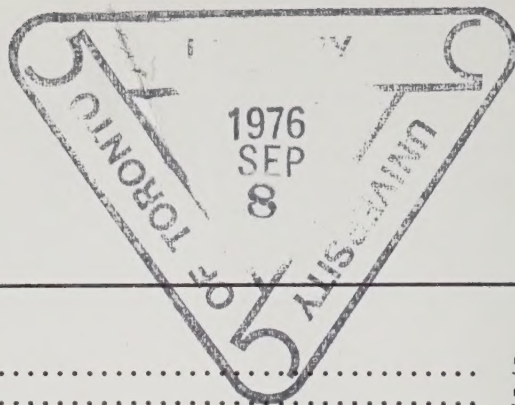
TRANSACTIONS
of the
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
HOTEL BONAVENTURE
MONTREAL

June 1 - 3
1972

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1972-73



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F O R E W A R D

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Hotel Bonaventure in Montreal, June 1 - 3, 1972. The report of the installation ceremony held in the Joliette and Marquette Rooms of The Queen Elizabeth Hotel, Montreal, on June 7, appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of councils and sections, etc., are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the council or section reports constitute the comment and action of the Board.

The purpose of the CDA *Transactions* is to provide members with a record of the policies and decisions of the Board and the work of the Association's councils and sections.

OFFICERS AND OFFICIALS

1971 - 72

President	L. Bernier, Quebec
President-elect	D.K. Peters, St. John's
Immediate Past President	W.J. Spence, Toronto
Executive Director	W.G. McIntosh, Toronto
Editor	F.H. Compton, Toronto
Associate Editor	P. Simard, Quebec
Treasurer	J.B. Taylor, London
Chairman of the Board	P.S. Christie, Halifax
Comptroller	D.M. McDonald, Toronto

EXECUTIVE COUNCIL

L. Bernier	J.E. Abra	I. Hrabowsky
W.J. Spence	L.E. English	H.M. Jolley
	D.K. Peters	

BOARD OF GOVERNORS

J.E. Abra	I. Hrabowsky
L. Bernier	H.M. Jolley
H. Caplan	J.E. Merritt
D.C. Clee	H.L. Mussells
W.C. Deacon	G.G. Orser
J.A. Doiron	D.K. Peters
J.E. Durran	J.F. Reid
L.E. English	D.L. Rife
C.E. Gosselin	L.J. Schiller
R.A. Gray	W.J. Spence
	F.T. Wihak

Alternates:

M. Crete	-	Quebec
M.J. Snidal	-	Manitoba
K.F. Walsh	-	Newfoundland

Non-Voting Representatives:

T.L. Marsh	-	Department of National Health and Welfare
G.C. Evans	-	Department of National Defence - Dental Services
D.M. Tanner	-	Department of Veterans Affairs
E. Yen	-	Student Member

AGENDA

A G E N D A

1972 BOARD OF GOVERNORS

JUNE 1 - 3

Thursday, June 1

9:00 a.m.	Call to order Invocation Official call of the meeting Presentation of credentials Roll call Special orders of business Adoption of agenda Minutes of previous meeting Necrology report President's report Reference Committee assignments Assignment of submitted resolutions Manual for conduct of meetings
9:45 a.m. - 10:00 a.m.	Presentation of report of Nominations Council Nominations to Council on Nominations
10:00 a.m. - 12:30 p.m.	Reference Committees: open hearings
2:00 p.m. - 5:30 p.m.	Reference Committees: open hearings
7:30 p.m.	Reference Committees: executive sessions

Friday, June 2

9:00 a.m. - 11:30 a.m.	Reference Committees: open hearings
11:30 a.m.	Reference Committees: executive sessions
2:00 p.m. - 5:30 p.m.	Second session of the Board: Presentation of reports Statement by RCD(C) Statement by CFDE
7:30 p.m.	Reference Committees: executive sessions

Saturday, June 3

9:00 a.m. - 11:00 a.m.

Elections

9:00 a.m. - 12:30 p.m.

Third session of the Board:
Presentation of reports

2:00 p.m. - 5:30 p.m.

Fourth session of the Board

2:00 p.m.

Treasurer's report
Election results: Chairman of the
Nominations Council
Unfinished business
Adjournment

REFERENCE COMMITTEE
PERSONNEL *

REFERENCE COMMITTEES

REPORTS

Committee #1

Clee - Chairman
Abra
Reid
Ratte
Coulombe
Miss Nicholl - Secretary

Education
Endodontics (S)**
Hospital Services
Research
Oral Surgery (S)
Orthodontics (S)
Paedodontics (S)

Committee #2

Merritt - Chairman
English
Schiller
deMontigny
Silver
Miss Kleysteuber - Secretary

Auxiliary Services
Dental Services
Periodontics (S)
Prosthodontics (S)
Public Health
Public Health (S)
Restorative Dentistry (S)

Committee #3

Wihak - Chairman
Jolley
Doiron
Racey
Archambault
Mrs. Kunopaski - Secretary

Constitution and By-laws
Ethics
Headquarters Property
Insurance
Legislation

Committee #4

Mussells - Chairman
Hrabowsky
Gray
Rogers
Brouillet
Miss Kentish - Secretary

Communications
Executive Council
President
Treasurer

Special Resolutions Committee

- Chairman: D.M. Tanner

* *Personnel: Council and Committee Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.*

** (S): Section

MEMBERS: E.F. Allison, Chairman, Calgary; C.D. Mielke, Vancouver; A.J. Daly, Saskatoon; S. Norquay, Winnipeg (alternate for W.V. Grenkow); R.K.F. Federchuk, Oakville; S. Silver, Montreal; D.W. Feeney, Fredericton; D.C.T. Macintosh, Halifax; R.G. Romcke, Charlottetown; W.H.J. O'Driscoll, St. John's.

R E P O R T

1. The Council on Auxiliary Services met for two days, March 20- 21, 1972, at headquarters. All provinces were represented.
2. As well as the complete Council, the following people were present by invitation:

Mrs. L. Zambolin, President, Canadian Dental Hygienists' Association
Miss E. Wesley, Chairman, Council on Certification, Canadian Dental Nurses' and Assistants' Association
Dr. P.E. Currie, Chairman, CDA Council on Dental Services
Mrs. J. Cook, Ontario DNAA

COMMITTEE ON DENTAL TECHNICIANS

3. Council discussed the difficulties which confront the dental profession in liaising with dental technicians and laboratories; whether the Council on Auxiliary Services should continue to seek information in the same manner as at present; and whether it should continue to regard dental technicians as auxiliaries to the dental profession. Council agreed that the Committee should continue to work along the same lines as in the past, pending further discussion on the amalgamation of the Councils on Auxiliary Services, Dental Services, and Public Health and Preventive Dentistry.

DENTAL HYGIENISTS

4. The Canadian Dental Hygienists' Association was capably represented by its President, Mrs. Linda Zambolin. Council received copies of the CDHA policy statement, as well as the CDHA brief presented to the Community Health Centre Project, in February 1972. Information was also received that the time was approaching when the CDHA would be required to produce their literature bilingually.
5. In accordance with a 1971 recommendation (1971T6, 3), the proposed brochure on utilization of dental hygienists had been

considered by the CDA liaison representative and the CDHA, and they recommended that, in preference to a brochure, a video tape, cassette, or film would be a more effective means of promoting maximum utilization of dental hygienists. It was also noted that the Nova Scotia Dental Association were currently producing a tape/film covering this subject and that this film could be made available to CDA at a very low cost.

6. As a result of the discussion, the following resolution is presented for Board approval:

7. Resolved -

That the Board of Governors authorize the national distribution of a video tape and/or a film under CDA sponsorship to familiarize the profession with the most effective methods of utilizing the services of dental hygienists both with traditional and expanded functions; and

that the Auxiliary Services Liaison Committee with the CDHA be responsible for developing or approving the content of the tape and/or film with an associated expense estimate; and

that the master video tape and/or film be acquired if possible from the Nova Scotia Dental Association, but if the NSDA tape/film is deemed by the Liaison Committee not to be suitable for national viewing, or is otherwise not available, the Liaison Committee be authorized to produce a master tape and/or film, in consultation with the Communications Council and the Bureau of Public Information; copies of the master tape and/or film then to be made available for viewing across Canada.

Adopted

8. Council also will request the dental editor of the CDA cassette educational program to consider the inclusion of a presentation of effective utilization of the services of dental hygienists in an early cassette issue.
9. Comment was also made on the variety of auxiliaries now emerging within the dental field and the resultant overlapping demands on facilities and financial resources. The CDHA President expressed the opinion that more efficient, effective delivery of dental services would be achieved by expansion of the functions of current auxiliaries rather than a proliferation of new ancillary personnel.

REPORT OF COMMITTEE ON DENTAL HYGIENISTS

10. Council was informed that the committee had maintained liaison with the CDHA during the year and that it supported the recommendation regarding promotion of utilization of hygienists through video tape or film (see para. 7).
11. A drive for increased membership in the CDHA was stated to be desirable. It was suggested that one way of promoting membership might be that membership be made compulsory in order to qualify for insurance coverage.

DENTAL ASSISTANTS

12. Miss Elaine Wesley, Chairman of the Council on Certification, CDN&AA, presented their report to Council.
13. Discussion ensued on the difficulties encountered between the CDN&AA and the ODNA and the obvious breakdown in communications, and it was agreed that every effort would be made to overcome the problems. The suggestion was made that a permanent corresponding secretary be appointed by each association.
14. Miss Wesley was commended for the work she and others have put into CDN&AA and the national certification program which currently involves 182 nationally certified dental assistants, and as a result the following resolution was passed:

"Realizing the many advantages of a national certification of dental nurses and assistants, not only in terms of recognition on a national basis, but as well in terms of improving the availability of qualified assistants on a national basis, the CDA Council on Auxiliary Services heartily endorses the national certification program and encourages practising dentists throughout Canada to encourage and support participation in the program."

The Board agrees with the Council on Auxiliary Services in its endorsement, as expressed in paragraph 14, of the national certification program of the CDN&AA and urges practising dentists throughout Canada to encourage and support participation in the program.

REPORT FROM COMMITTEE ON DENTAL ASSISTANTS

15. Liaison with CDN&AA has been maintained during the year. Every effort will be made to promote a viable communication system between CDN&AA and the provincial organizations.

REPORTS FROM PROVINCIAL AUXILIARY SERVICES COMMITTEES

16. The provincial reports were read and discussed.

AUXILIARY
SERVICES

17. Council was particularly interested in the training program for certified dental assistants at Holland College, Charlottetown, encompassing a self-teaching and self-evaluation concept. Dr. Romcke agreed to forward additional information on the program to the Secretariat for distribution to members of Council.
18. Council also noted that Canada Manpower provides assistance for "Training on the Job" and other subsidized programs for auxiliaries. Members were encouraged to obtain more details concerning this directly from government offices.
19. The "Ladder of Progression" included in the BC report, clearly setting out the levels of advancement open to auxiliaries, was of particular interest.

PROPOSED AMALGAMATION OF COUNCILS ON AUXILIARY SERVICES, DENTAL SERVICES
AND PUBLIC HEALTH AND PREVENTIVE DENTISTRY

20. Following discussion of the proposal for amalgamation of the Councils on Auxiliary Services, Dental Services, and Public Health and Preventive Dentistry presented to the Board in 1971 (1971 Trans:87), Council passed the following resolution bearing in mind that they believe each corporate member should be represented in any amalgamation of these Councils.
21. "That the Council on Auxiliary Services approves the principle of amalgamation of the Councils on Auxiliary Services, Dental Services, and Public Health and Preventive Dentistry."

AD HOC COMMITTEE ON DENTAL AUXILIARIES, 1970 (WELLS' REPORT)

22. Council again reviewed the report of the Wells' Ad Hoc Committee on Dental Auxiliaries from the standpoint of the effect the report has already had on dental auxiliary programs in each of the provinces and that it appears likely to have in the future.
23. The consensus was that while all the recommendations of the report were not acceptable to either provincial or national dental groups, the report had in most areas helped to stimulate the professional groups to review their attitudes toward the efficient utilization of the services of dental auxiliaries and in the establishment of demonstration projects designed to study various systems of delivering dental health care with the employment of expanded-duty dental auxiliaries. With this discussion in mind, the following motion was passed.
24. "That Council is of the opinion that the increased interest in the utilization of dental auxiliaries and related demonstration projects will result in increased availability of high quality dental services and should ultimately result in lower per unit cost to the patient."

The Board agrees with the opinion expressed in paragraph 24.

DENTAL NURSE THERAPISTS

25. Council noted that dental nurse therapist programs were being initiated in British Columbia, Saskatchewan and Manitoba, as well as on a federal basis for the indigent population in the Northwest Territories and other remote areas, but that to date the CDA had not been officially requested to comment on these programs.
26. The proposed federal government program for the training of dental therapists in the Northwest Territories had been drawn to the attention of the Council by the Council on Public Health & Preventive Dentistry. Unfortunately, Dr. Keith Davey who is to be responsible for the program, was not able to be present at the meeting.
27. The following resolution is presented for Board approval:

Resolved

that the Canadian Dental Association recommend to the Department of National Health and Welfare that the dental health program envisaged through the dental therapist training program for the native peoples of the Northwest Territories could be beneficially supplemented by incorporation in the program of the services of undergraduate dental and dental hygiene students serving through rotating intern programs to deliver dental treatment.

Defeated

The Board is sympathetic to the problems inherent in the provision of dental services in remote areas. However, approval of this resolution implies endorsement of the dental therapist training program. The program is not sufficiently developed and the Board does not have sufficient details to evaluate the proposed program. It appears that adequate provision for protection of the interest of patients does not exist in measure comparable to the more settled areas of Canada.

PROMOTION OF MALE DENTAL HYGIENISTS

28. It was agreed to refer to the Recruitment Committee of the Council on Education the desirability of actively promoting the concept of male dental hygienists especially when expanded functions are introduced into dental hygiene curricula.

EXPANDED FUNCTION AUXILIARIES

29. Discussion on the widespread use of expanded-function auxiliaries resulted in the following resolution.
30. The Council on Auxiliary Services re-endorsed the intent of the Council on Research Resolution (1971T169) which encourages the establishment of pilot projects to study the effectiveness and limitations of alternative methods of delivering high quality dental care to the Canadian community. The Council also believes

AUXILIARY SERVICES

that reports of such pilot projects should be made available to CDA Council on Dental Services for review and recommendation concerning their application in a national context.

COUNCIL ON DENTAL SERVICES

31. In recent years, Council has maintained back-to-back meetings with the Council on Dental Services with the chairmen attending both meetings. Dr. Peter Currie, Chairman, Council on Dental Services, had no specific report to make, but had valuable contributions to make to Council by way of constructive comment during the meeting.

FUTURE PLANS

32. Development of a Master Plan for auxiliaries regarding training, portability, and projections as to needs and possible demands both now and in the future will be a project of Council during the coming year. It is essential that there be some 'game plan' available when private carriers and, indeed, public carriers descend on us with a demand to fill the needs we know are there now and cannot handle.

The Board recommends for study by the Council on Auxiliary Services the development of an hierarchical structure of auxiliaries of sufficient flexibility to permit the selection of alternate employment in the dental health field as well as development within the same ladder of employment.

The Board further recommends for study by the Council on Education the variations in requirements for admission to advanced study and in the qualifications of auxiliaries developed within the above hierarchical structure.

Therefore, be it resolved

that as a preliminary step to the development of the master plan for auxiliaries referred to in paragraph 32, and providing the necessary funding can be arranged, the Council on Auxiliary Services undertake the organization of a workshop conference on dental auxiliaries to which interested parties would be invited for the purpose of exploring all aspects of auxiliary services and how in the public interest these services can best be provided.

Adopted

33. The following committee chairmen were reappointed:

Dental Technicians - Dr. S. Silver; Dental Hygienists -
Dr. R.K.M. Federchuk; Dental Assistants - Dr. C.D. Mielke.

The Council on Auxiliary Services is complimented for its activities throughout the year.

CANADIAN FUND FOR DENTAL EDUCATION -

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

JUNE 1972

1. The tenth annual meeting of the Board of Trustees of the Canadian Fund for Dental Education was held in the CDA offices at 234 St. George Street, Toronto, on April 27-28, 1972. All members were present with the exception of Dr. H. Brouillet, who unfortunately because of last minute commitments was unable to attend.

The audited statement for the year ending December 31, 1971 was reviewed and approved. It was a most encouraging year with our total income reaching \$103,988 for a new record and an improvement of 14% over 1970. More than 1,300 doctors across the nation led the way with personal contributions of over \$30,000, an improvement of 21%. Business and industry responded to the leadership of the profession with a 28% increase in their contributions.

2. The Advisory Committee on Fellowship Selection under the Chairmanship of Dr. W. H. Feasby reviewed a total of 29 applications for teaching and research fellowship awards. The Committee recommended granting of 16 fellowships ranging in size from \$1,000 to \$7,000 for a total allocation of \$60,300. These figures include an annual award of \$1,500 for an existing teacher to study at other centres and extend his knowledge in any field of dental education or education/research.

After presenting his report in person, Dr. Feasby tendered his resignation from the Advisory Committee, which the Board regretfully accepted. Dr. Feasby served for over six years on this Committee, the last three as Chairman, and the Board of Trustees wishes to record its deep appreciation for the considerable time and effort devoted by Dr. Feasby to this our most important Fund program.

I am pleased to report that Dr. R. C. Burgess of the University of Toronto, who has served on the Committee for the past two years, has kindly consented to act as Chairman.

Our thanks also to Dr. G. E. Albert for agreeing to serve on the Committee as a replacement for Dr. J. Nadeau, who was forced to resign because of heavy commitments at the University of Montreal. Dr. Albert, one of CFDE's earliest fellowship recipients, attended his first Committee meeting in April this year.

3. An unrestricted grant of \$1,250 was approved for each Canadian faculty of dentistry, conditional upon receipt of an application stating how the funds will be used. We have not as yet received this year's applications, however, last year the money was used for many worthwhile projects including curriculum surveys, visiting lectureships, in service educational programs and additions to libraries.
4. The Trustees agreed to underwrite the costs of the 1972, 73 and 74 students' conferences as budgeted up to a limit of \$10,000. It is planned to hold this year's conference in Vancouver, next year's in Montreal and the 1974 one in Toronto. In approving the award the Trustees made the following recommendations to the Student Membership Committee of CDA's Council on Education:
 - (1) That each student representative report to his own student body following the conference and forward a copy of his report to CFDE's Executive Director.
 - (2) That financial support for the conferences continue to be solicited from the commercial sponsor.
 - (3) That local dental societies in the region of the conferences be encouraged to give their support to the conferences.
 - (4) That the 1972 students' conference give consideration to the possibility of each dental student body making its own financial contribution in support of the meeting.

The Executive Director and I recently discussed funding with the President of the Company which supplied the money for the last two conferences, and while at the moment we do not have a firm commitment, we are most optimistic that continuing support will be forthcoming.

5. For the first time in 1971 the Trustees made a grant of \$1,250 to the Committee on Standards for Dental Materials and Devices of the Canadian Dental Association Council on Research, the funds to be used to cover the cost of committee members' attendance at the FDI-ISO/TC-106 technical meetings.

A grant for the same amount was approved for 1972.

6. A dental hygiene scholarship with a value of \$200 was approved for each of the five universities offering a course for dental hygienists. Funding for the scholarships is provided by the CDHA trust fund, a national company and CFDE. Again in 1971 the hygienists conducted a fund raising program within their own membership and collected a total of \$366. All such funds are used for the exclusive benefit of dental hygienists.

Other scholarships for dental auxiliaries included: One to enable a dental assistant instructor to complete her teacher training program, and two for dental technology students achieving the highest standing in the first and second year of the three year course at George Brown College.

7. A grant was approved to finance the 7th Biennial Canadian Conference on Dental Research and Education to be held at Geneva Park, Ontario, June 12-14, 1972. CFDE has been pleased to finance several such conferences, and you will recall that a number of national companies which support the Fund make special contributions to provide the money for these important meetings.
8. Last year the Trustees authorized a grant of up to \$20,000 to enable CDA's Council on Education to inaugurate an accreditation system for Canadian programs of post-graduate and graduate clinical education. Several programs were accredited in 1971 at a cost of \$11,000. It is now anticipated that the survey will be completed early in 1973 at an additional expense of \$5,000.
9. Representatives from nine Canadian faculties of dentistry participated in the inaugural CDA student table clinic program at the convention in Ottawa last year. Table clinics were judged in two categories: 1. Clinical application and techniques; and 2. Basis science and research. The entire cost (\$3,462) of this most successful program was covered by a special grant from two related Canadian companies. I am happy to say that this is now an ongoing program and want to emphasize that the money for the student table clinics is in addition to other generous gifts made by these two companies.
10. At its 1971 meeting the Board was concerned with the problem of proper recognition for Fund supporters and accordingly directed the Public Information Committee to look into the matter and submit a report for consideration at this year's meeting. The report was carefully reviewed and it was unanimously decided that contributors should be listed in our 1972 progress report as follows:
 - (1) Dental organizations and business firms should be combined in one listing and classified as to size of contributions.
 - (2) As in the past all dentists making a personal contribution will be listed alphabetically by province. However, dentists and other individuals contributing \$100 or more in 1972 will be given honourable mention in our annual report. I am sure you will be pleased to know that the Fund received 35 such generous gifts last year.

11. On behalf of my fellow Trustees I want to express sincere appreciation to CDA for increasing its 1972 support to the Fund by \$1,000. I can assure you, gentlemen, that this tangible expression of confidence is most helpful when soliciting support from outside sources.

We are also most grateful to CDA for agreeing to continue the co-operative arrangement with CFDE whereby personnel and office facilities are shared. Unquestionably this has worked to the advantage of the Fund.

The Trustees were pleased to note the recommendation of your Council on Education that the funds being held in the name of the War Memorial Fund be transferred to CFDE to be held in a special account for use as directed by CFDE. If it is your decision to make the transfer, you can be sure CFDE will invest the annual income wisely for the benefit of dentistry.

12. Finally, gentlemen, I am proud to tell you that up to this point your Fund - CFDE - has provided over \$400,000 for the advancement of Canadian dentistry.

Thank you most sincerely for the privilege of making this report, and may I assure you that as always your comments and suggestions are most welcome.

We will be pleased to answer questions on any aspect of our operation.

Respectfully submitted,

M. E. (Bud) Bower, Chairman
Board of Trustees

MEMBERS: K. I. Levinson, Toronto, Chairman;
D. V. Allen, Windsor; L. Bosse, Dorval;
I. Hrabowsky, St. Catharines; M. D. Klotz,
Toronto; A. Le Blanc, Valois; W. J. Spence,
Toronto.

R E P O R T

COUNCIL MEETINGS

1. The Council held two very lengthy evening meetings on Wednesday, December 15, 1971 and Wednesday, March 15, 1972.
2. Because of increased responsibilities and crowded agenda , the Council proposes to conduct its future meetings as day-time sessions.

AUDIO TAPE CASSETTE PROGRAM

3. This new program of continuing education and news was officially launched in May. Dr. G. S. Beagrie, Toronto, serves as dental editor. Dr. Gerard de Montigny, Montreal, assists with the production of French language tapes.

The above paragraph makes reference to the production of French language tapes. In the promotion of the French language program consideration should be given to:

- 1) *advertising through Le Journal Dentaire du Quebec;*
- 2) *co-operation by corporate members in considering continuing education proposals;*
- 3) *promotion in other French-speaking countries.*

CODE OF ETHICS

4. Council supervised the printing and production of the 1971 version of the Code of Ethics.
5. Council also received a report on the public relations significance of the Code of Ethics. In the opinion of the Bureau of Public Information, there is nothing in the Code which could be misinterpreted by the news media or which could reflect adversely on the profession.

COMMUNICATIONS

COUNCIL ON COMMUNICATIONS - TERMS OF REFERENCE

6. Council learned that the Executive Council had passed a resolution which would transfer responsibility for management of the Journal from the Council on Communications to the Executive Council. The Council on Communications subsequently

asked that the Executive Council defer action on this matter until this Council has had an opportunity to study the overall communications responsibilities of the Association.

FILMS, FILM CLIPS

7. This year the Bureau of Public Information will acquire one, or possibly two, new public service TV film clips produced by University of Alberta students under an "Opportunities for Youth" grant. These will replenish our dwindling and outdated stock of TV film clips.
8. Later this year, the Bureau of Public Information will also arrange to videotape a half-hour informative program on dental health and modern dental techniques. After initial exposure over a network of Ontario television stations the taped program will be transferred to film for television screening elsewhere in Canada and for high school use.

GROUPING OF SPECIALTIES

9. Council is of the opinion that the Association's repeated consideration of the grouping of specialties has divisive repercussions. The Council passed a resolution expressing opposition to the grouping of specialties.

LIBRARY PUBLICITY

10. A feature article about the CDA Sydney Wood Bradley Memorial Library was published in the April issue of the Journal. Also in preparation is an informative pamphlet intended for distribution through selected CDA mailings. As in previous years, the library exhibit again is a prominent component of the CDA display at this convention.

NATIONAL DENTAL HEALTH WEEK

11. The Bureau of Public Information is developing plans for cross-Canada observance of a National Dental Health Week in 1973. The event will be co-ordinated with its American counterpart.

The Board noted that La Ligue d'Hygiène Dentaire de la Province de Quebec will hold its Dental Health Week concurrently with National Dental Health Week in order to further emphasize this important matter.

NEWSPAPER COLUMNS

12. Weekly Newspapers: Dental Topics, our dental column for Canadian weekly newspapers, is now in its third year. The column is published regularly by some 200 English language weekly newspapers across the nation. The articles have been prepared by the Bureau of Public Information since the beginning of this year.
13. Daily Newspapers: Council rescinded last year's endorsement of an American columnist as author of a proposed weekly column for major daily newspapers and expressed preference for seeking out a Canadian author. Subsequently, several dentists responded by submitting sample columns and the Council authorized the Bureau of Public Information to pursue negotiations with the daily papers and seek their reaction to the sample columns.

PAMPHLETS

14. The Bureau of Public Information has now produced ten pamphlets in the new CDA family style and in both languages. These may be seen at the CDA convention display.
15. Noting a recent decline in the sale of French pamphlets, Council directed that the printing of future French pamphlets be discontinued, but that a French translation be obtained of future English pamphlets and held in readiness should any substantial orders for French pamphlets eventuate.

PUBLIC RELATIONS

16. Council has directed that the Public Relations Manual, produced last year under the Council's supervision, be translated into French and distributed in a manner similar to the English version.

THERAPEUTIC DENTIFRICES - SEAL OF RECOGNITION

17. Council recommends (subject to concurrence by the Health Protection Branch of the Department of National Health and Welfare) the adoption of a CDA "Seal of recognition" as a visual counterpart to the "Statements of Usefulness" which define the area of usefulness of a therapeutic dentifrice (p. 94, March CDA Journal). The following resolution is presented for Board approval:

Resolved:

That two seals, one in English and one in French, as illustrated in Appendix A be approved by the Board of Governors.

The Board does not agree with the above resolution and recommends the following substitute resolutions:

Resolved:

- 1) *That the English version of the Seal of Recognition as illustrated in Appendix A be approved.*

Adopted

- 2) *That the French version of the Seal be re-submitted to the Health Protection Branch of the Department of National Health and Welfare with the recommendation that either the word "accepté" or "approuvé" be substituted for "reconnu".*

Adopted

- 3) *That the decision of the Health Protection Branch of the Department of National Health and Welfare in this regard be accepted and incorporated in the French version of the CDA Seal of Recognition.*

Adopted

CHAIRMAN'S REMARKS

The Board recommends the adoption of the following resolution:

Whereas the Board respects the prerogative of a Council Chairman to direct remarks to the Board about the work and future of his Council, and

Whereas the Board questions the need to have these remarks printed in the Transactions,

be it resolved

That items 18 and 19 be deleted from the report.

Adopted

On motion from the floor:

That in future personal remarks of Council Chairmen not be included in reports of Councils.

Defeated

On motion from the floor:

That in future personal remarks of Council Chairmen may be included in reports of Councils but shall not be printed in the Transactions.

Adopted

On motion from the floor:

That it shall be the responsibility of the Reference Committee to identify personal and subjective comments of Council Chairmen as presented in reports of Councils.

Defeated

Council on Communications is complimented for its increased activities during the past year.

Appendix A

PROPOSED CDA "SEAL OF RECOGNITION"



CONSTITUTION
AND
BY-LAWS

MEMBERS: Rémy Langlois - Chairman, Quebec; W.P. Munsie, Vancouver; H. Brouillet, Montreal; H.R. MacLean, Edmonton.

R E P O R T

CONSTITUTION

1. The Constitution of CDA was established by a Special Act of Parliament, pursuant to a Bill introduced in the Senate of Canada in 1942.
2. Section 6(a) of the Act says that the Association may acquire by purchase, lease, hold, etc., personal estate and property provided that real estate held by the Association shall not exceed in value at any one time, the sum of five hundred thousand dollars (\$500,000).
3. In today's context the limitation is unrealistic and will need to be amended if the Association is to proceed with the establishment of a new headquarters building in Ottawa.
4. Our solicitors have looked into the various methods by which the required change can be accomplished. There appears to be several including, a private members' bill to the Senate of Canada, an application for Letters Patent under the provisions of Part 2 of the Canada Corporations Act and through the establishment of a separate holding corporation.
5. After careful study the solicitors have recommended an application under the Canada Corporations Act. The Executive Council has approved this recommendation.
6. The solicitors have also advised that because government endorsement is required before precise wording for the constitutional and related by-law amendments can be presented for Board approval, advance distribution of the specific proposals has been impossible.
7. Precise wording for the amendments will be presented to the Board in June.

BY-LAWS:

Honorary Members

8. Art. VI, Sec. 8(j) - gives the Executive Council responsibility for nominating honorary members, while Art. V, Sec. 5(e) makes it a duty of the Board of Governors to elect honorary members.

9. This is a cumbersome arrangement as it is always possible the Board might refuse to elect Council's nominee, after he had been notified of the nomination and invited to the annual meeting to receive the honour. The Board has never refused to approve Council's nomination but the possibility does exist under current regulations.
10. The Executive Council considered the pros and cons of the present arrangement at its December meeting and agreed to recommend to the Board that the by-laws be changed to give Council full responsibility for the selection of honorary members.
11. This matter has been referred to our Council and after due consideration it recommends to the Board that Art. V, Sec. 5(e) and Art. VI, Sec. 8(j) both be deleted and a new subsection (f) be added to Section 7 of Art. VI - Powers of the Executive Council, to read: "(f) The Executive Council shall have the right to elect honorary members."
12. Resolved
 - 1) that Article V, Section 5(e) be deleted;
 - 2) that Article VI, Section 8(j) be deleted;
 - 3) that Article VI, Section 7 be amended by the addition of section (f) as follows:

"(f) the Executive Council shall have the right to elect honorary members."

Adopted

Chairmen of Councils

13. Art. IX, Sec. 2(a) reads as follows: "(a) Nominees for membership on councils, including chairmen, shall be placed in nomination at the annual meeting of the Board of Governors pursuant to Art. IX, Sec. 4(k) of these by-laws."
14. However, the Board at its 1971 annual session approved a resolution making the Executive Council responsible for the annual appointment of council chairmen, immediately following the annual session (1971 T:136). (Selection of Chairmen for the Executive and Nominations Councils are excluded from this directive and are dealt with in separate by-laws).
15. Therefore our Council believes it is desirable to amend the by-laws to conform with the 1971 Board directive. It is therefore recommended that the Board approve the amendment of Art. IX, Sec. 2(a) by deleting the two words "including chairmen" and of Art. VI, Sec. 8, Duties of Executive Council, by adding a new subsection.

16. Resolved

- 1) That Article IX, Section 2(a) be amended by the deletion of the two words "including chairmen".
- 2) That Article VI, Section 8 be amended by the addition of a new subsection -
"To annually appoint chairmen of Councils, excluding Executive and Nominations Councils, from among membership of the respective councils, as elected by the Board of Governors."

Adopted

RETIREMENT

17. As of June 3, 1972, I will retire from the chairmanship of the Council on Constitution and By-laws. I wish to thank the members of my Council for their great help and complete collaboration in the solution of the many problems the Council had to face.

Whereas Dr. Remy Langlois has served as Chairman of the Council on Constitution and By-laws with diligence and distinction, and

Whereas in the above capacity he assumed leadership in the successful revision of the Constitution and By-laws of the Association, and

Whereas he will now retire as Chairman of this Council,
be it resolved

That a sincere vote of thanks and appreciation be expressed to him by the Board of Governors.

Adopted

18. Many thanks also to the Executive Director, Dr. W.G. McIntosh, who has made my task so much easier.
19. I also wish my successor great success during his term as Chairman of the Council.

The Council on Constitution and By-laws is commended for the conscientious discharge of its duties.

MEMBERS: P.E. Currie, Chairman, London; W.D. McGinnis, Vancouver; R.G. Dickson, Drumheller; J.W. Mackay, Saskatoon; W.W. Shortill, Winnipeg; H. Hamel, Quebec; J.T. Dowd, Moncton; D.A. Eisner, Halifax; H.C. Stewart, Kensington

R E P O R T

MEETING

1. The full Council met at CDA headquarters, March 22-23, 1972. Dr. M. Hebert substituted for Dr. H. Hamel. In addition, the following attended on the invitation of the Chairman: Mrs. B.I. Brown, Dr. W.J. Spence, Dr. E.F. Allison and Dr. D.L. Rife.

DENTAL HEALTH PLAN FOR CHILDREN

2. Mrs. B.I. Brown, past Director of the CDA Bureau of Economic Research, presented a summary of possible re-calculations of the statistical table of the CDA's Dental Health Plan for Children. (see Appendix 1)
3. Preliminary study indicated the need for major revisions as a result of alterations in such aspects of the Plan as utilization of the services of auxiliaries and manpower projections. Council resolved that the main areas of adjustment should be brought to the attention of the Board of Governors and the corporate members. In addition, the Council's ad hoc committee, supplemented by a representative from the ACFD and the CDA Section on Public Health Dentists, will continue to monitor the Plan, identifying the variables likely to alter the statistical material relative to it.

The report emphasizes the necessity of CDA having current and accurate dental statistics available.

UNIFORM SYSTEM OF CODING AND LIST OF DENTAL SERVICES

4. Council approved in principle the listing of dental services and related coding (5-digit) prepared by its ad hoc committee chaired by Dr. R.G. Dickson. (see Appendix 2) The following resolution is presented for Board approval:

5. Resolved

that the Board of Governors approve the listing of dental services and related coding as contained in Appendix 2, in full cognizance of the fact that there may be minor provincial variations.

Defeated

DENTAL SERVICES

The following substitute resolution is proposed:

Resolved

That the Board of Governors approve the principle of the listing of dental services and related coding as contained in Appendix 2, in full cognizance of the fact that there may be minor provincial variations.

Adopted

6. Dr. R.G. Dickson was appointed CDA co-ordinator for the continuing refinement of the procedures code, in consultation with the provinces, the American Dental Association and all other groups that could contribute to a practical system.

The Board wishes to express its appreciation to the Council for developing a uniform system of coding and a list of dental services.

NOMENCLATURE

7. Council agreed that there is considerable confusion in Canada with respect to the usage of some dental terms and that clarification of these terms would be desirable. Council therefore appointed an ad hoc committee on Nomenclature, comprised of Dr. Marcel Hebert as chairman, with power to add, to initiate a study aimed at developing a national glossary of dental terms.

The Board notes with approval that a sub-committee has been established to produce a glossary of dental terms with the objective of clarifying the confusion which presently exists between various areas of the country.

RELATIVE VALUE SYSTEM OF FEE DETERMINATION

8. Dr. W.D. McGinnis, chairman of the ad hoc committee on fee determination, discussed the contribution to the College of Dental Surgeons of British Columbia by the management consulting firm of Stevenson & Kellogg Ltd. This contribution was in the form of two reports ("Economics of Dental Practice 1969"; "Economics and Statistical Service" dated February 1970 and March 1972).
9. Council approved the following resolution:

"Whereas the relative value system of determination of dental fees has been in existence since 1964 and

"Whereas there is need for improving the fee schedule calculation formula in light of today's mode of dental practice, and

"Whereas there exists a need to make the relative value system defensible in today's society, and

"Whereas the development of such a system would ultimately be of benefit to all practising dentists, be it resolved

"That Council, through its representative from the College of Dental Surgeons of British Columbia, invite the College to secure from Stevenson & Kellogg Ltd. a detailed proposal for revising the Relative Value Method of Fee Determination, the proposal to include:

- "(1) a clear statement of the objective and the need for it;
- (2) a detailed sequence of steps necessary to achieve the objective;
- (3) a time estimate to reach the objective;
- (4) definition of areas of responsibility between the profession and Stevenson-Kellogg Ltd.;
- (5) detailed cost estimates of the proposed project;

and

"That the Stevenson-Kellogg Ltd. proposal be obtained, if possible, in time that it can be appended to the Council's 1972 annual report to the Board of Governors with a view to obtaining (1) Board approval of the project; and (2) Board direction for its implementation."

10. The full Stevenson-Kellogg Ltd. report has been forwarded to the Executive Council for direction. The summary is attached as Appendix 3. Further comments on this subject will be contained in the Executive Council's supplementary report to the Board.

STUDIES RELATING TO DELIVERY OF DENTAL CARE

11. Over the past decade the CDA has encouraged the introduction of pilot projects in the delivery of dental care. Very few pilot projects have materialized. Consideration by Council of meaningful recommendations to the Board of CDA in the many possible aspects of delivery of dental care is seriously hampered by the dearth of current statistical data.
12. Three projects are currently under review by the Council.
13. The Oxbow, Saskatchewan, study involves a trailer operation for pre-school and school children under 12 years of age, utilizing the services of two dental nurses (therapists) from the United Kingdom under the supervision of a dentist. The initial six-month report indicates a high participation rate by the residents of the area.
14. The Prince Edward Island study (now completed) was concerned with the quality and productivity functions of dental hygienists with advanced training who completed the post tooth-cutting portion of restorative (plastic) procedures. The report of Dr. R.G. Romcke, director of the program, is summarized as follows:
15. "In general terms, the PEI Study shows that the hygienist with limited duties in restorative dentistry is indeed a useful and practical auxiliary for the majority of dental practices. Productivity increases of 50-75% can be obtained provided additional space, dental equipment and dental assistants are available. Quality is excellent and patient acceptance is no problem. The cost benefit picture appears to be extremely good.

DENTAL SERVICES

16. "The problem areas are: (1) effective use of this or any operating auxiliary requires a minimum of three operatories, two assistants and a receptionist. This implies a large capital investment, a large office and a large staff; (2) some dentists will not be comfortable making the change from one auxiliary to four with the attendant problems. For this and other reasons, this method of practice is not suitable for all dentists by any means; (3) younger dentists can be expected to adopt this system more readily than older dentists. However, the capital costs involved will be a greater barrier to a younger dentist than to an older one; (4) it is a risky proposition for a dentist to change over to this method of practice unless he is assured of a continuing supply of extra trained hygienists."
17. In Ontario, the Waterloo project is entering its second year. Essentially this project is attempting to co-ordinate private practitioners in the area with a public health unit, in a practical application of the ODA's dental health plan for children. In an initial interim report, three interesting statistics are revealed: (1) an enthusiastic response (97%) from practising dentists in the area who agreed to co-operate with the health unit in supplying preventive and treatment services; (2) an 83% favourable response to participate in the project from approximately one thousand parents and guardians of the 3-year-old children selected; (3) an extremely low incidence of extractions of deciduous teeth during the early stages of the project.

Paragraphs 11-17 contain an assessment of three government-funded pilot projects. The Board notes with approval that the Council will continue to monitor these projects.

CANADIAN ASSOCIATION OF ACCIDENT AND SICKNESS INSURERS (previously called Canadian Health Insurance Association) LIAISON COMMITTEE

18. Dr. Donald Rife of Toronto presented an interim report which was primarily concerned with a simplified claims form which would be suitable for computer use as well as the traditional manual processing. Dr. Rife expects to have a more refined claims form available in the near future.
19. Council approved in principle the revised claims form submitted by its ad hoc committee and resolved that individual Council members should inform their respective provincial dental associations of the merits of a standard claims form.

CDA INVOLVEMENT IN NATIONAL HEALTH PROGRAMS

20. Dr. Spence was present when Council studied the interim committee report and enthusiastically endorsed the "General Principles" of CDA involvement in national health programs as recited therein.

21. Council noted that the Executive Council's ad hoc committee would continue to give study to the general principles for delivery of services and would report to the Board of Governors through the Executive Council's supplementary report. Council members have been asked to furnish additional comments in writing prior to that time.

22. The following resolution is presented for Board approval:

That the Canadian Dental Association be urged to seek representation on all national bodies where representation would be of benefit to the dental health of the Canadian public.

Adopted

23. The Council is fully aware that it is not being asked to usurp the prerogatives of the provincial bodies in determining specific dental care benefits (and/or funding mechanisms) with government involvement. Nor is it being asked to state an opinion on the philosophical pros and cons of Denticare or of Medicare with a particular dental aspect (i.e. the present Medical Care Act). However, in the opinion of Council, the political positions of all the provincial organizations could be enhanced by a Canadian Dental Association which actively seeks participation in national planning and actively espouses basic principles in dental care (particularly in relationship to the delivery of dental care) which reflect a common inter-provincial denominator. To date, regrettably, much of our present legislation pertaining to dental care on a national and provincial basis is foreign to the ideas and ideals of dentists.

PROPOSED AMALGAMATION OF CDA COUNCILS ON DENTAL SERVICES, AUXILIARY SERVICES, PUBLIC HEALTH AND PREVENTIVE DENTISTRY

24. Council considered a preliminary draft of the special ad hoc committee under Dr. I. Hrabowsky (members: Drs. P. Currie and E. Allison) and agreed in principle to the amalgamation with the understanding that the ad hoc committee would further refine its recommendations for presentation to the Executive Council and to the Board.

CHAIRMAN'S REMARKS

25. Not long ago, the 'dental services' arm of the CDA performed a variety of functions for its corporate members in a relatively uncomplicated context. Today, almost all the provinces have reasonably sophisticated committee structures which are attempting to cope with 'dental services', including auxiliary services,

on a regional basis and thus reflect the legitimate political dissimilarities of one nation. Some dentists sincerely believe the time has arrived when the CDA role should be limited to a collation of events in the various jurisdictions - then an organized and published regurgitation of these events.

26. Paradoxically, it is exactly because of the increased tempo of dental health matters in the provinces that the CDA's activist role in the entire field of dental services should be enhanced. To do less would seriously undermine the potential accomplishments of the provincial organizations.
27. Just as Canadians are perfectly free to travel from one province to another, provincial politicians are 'borrowing' the best ideas across the country for insertion in a variety of legislative enactments - including those pertaining to health matters.
28. The CDA can do more than collate. With a responsible attitude to the sensitivities of the provinces (example: Why a 'policy' where a 'guideline' will suffice?) the Council structure of the CDA should allow the cream of dental ideas to mature. And, most important, to be returned to all the provinces in a more sophisticated and more useful form.
29. One current example of this approach is the development by Stevenson and Kellogg Ltd., in conjunction with the College of Dental Surgeons of B.C., of a proposed economic and statistical service relating to fees. This proposal has now reached a stage where CDA involvement could enhance the entire project, benefiting all Canadian dentists. Perhaps this is the kind of approach - specific co-operation by both provincial and national organizations - which should be more frequently exploited in the future.
30. With respect, the Chairman would like to express an appreciation to headquarters staff, to Council members, the Board of Governors and to all the provinces for the privilege of serving on this Council and for the most enthusiastic co-operation he received.

The Board is of the opinion that as a matter of principle Chairman's remarks are inappropriate in Council reports. (see p. 19 - 20)

The Council on Dental Services is commended for its activities during the past year as well as a most interesting report.

Appendix 1

CDA DENTAL HEALTH PLAN FOR CHILDREN

Mrs. B.I. Brown's comments on the necessity for re-calculating the statistical tables included in the CDA DENTAL HEALTH PLAN FOR CHILDREN included:

Table 1 (page 231) Present and Projected Capacities of Canadian dental schools and schools of dental hygiene 1967-68 to 1978-79

Projected estimates did not meet expectations.

Table 2 (page 232) Present and projected number of dentists licensed to practise in Canada as of January 1, population per dentist and number of dentists per 10,000 population, 1968-1981

Estimates of numbers of licensed dentists has exceeded expectations.

Table 3 (page 233) Estimated number of dental hygienists in practice in Canada, ratio of hygienists to licensed dentists and population per hygienist, 1968 to 1980

Number of hygienists in practice exceeded expectations.

Table 4 (page 234) Estimated annual diagnostic and treatment needs in minutes per child, by service and age of child

Information is considered to be as reliable as any that is available. Addendum (1970T50) paragraph 1: if annual diagnostic and treatment needs were carried out in private offices, rather than in public health centres, time requirements in this table would need to be altered.

Table 5 (page 235) Age groups, estimated number of children and percentage of the population eligible for service under the plan; estimated number and percentage of children utilizing the services, 1969 to 1980

Statistics Canada indicate fewer children than CDA projected; labour force survey shows higher percentage of 15-18 yr-olds attend the dentist than originally projected.

Table 6 (page 236) Estimated number of chairside hours required to render dental services to patients under the Dental Health Plan for Children, 1969 to 1980

Estimates should be changed to reflect prevention services and population projections, as well as extension of duties of auxiliaries as recommended by Wells Committee.

Table 8 (page 238) Percentage of all general practitioners needed to provide services under the Dental Health Plan for Children, according to decreasing treatment needs and increasing productivity, 1980

No new information.

DENTAL SERVICES

Appendix 1

Table 9 (page 239) Estimated number of children eligible for the dental education and preventive program and number of these children per dental hygienist in practice, 1969-1980
Figures will be lowered.

Table 10 (page 240) Estimated costs of diagnostic and treatment services, etc.
Basis for these calculations was a projected gross income

of \$34,000; actual figure for 1970 was \$36,000; therefore, costs would increase.

Appendix 2

A Uniform System of Coding and List of Dental Services - Preliminary Report

A survey of the provincial suggested fee schedules reveals that:

One province uses no coding.

One province uses a 3 digit decimal system of coding.

Two provinces use a four digit system.

Four provinces use the 5 digit system adopted from the American Dental Association.

Some schedules follow the CDA list of services, some the ADA and some a variation. For example, Ontario has utilized the A.S.O.S. list of services in its schedule. Alberta has considerably expanded its list of services in several areas.

Of the provinces using the ADA 5 digit coding system, some have used code numbers which are different from the ADA for the same service.

It is obvious, therefore, that there is uniformity in neither the List of Dental Services nor the Coding of these services across the nation.

In an attempt to recommend a uniform system of coding and list of services, it seems reasonable that this should, if possible, be compatible with that of the American Dental Association because:

- (1) at least 5 of our corporate members have already indicated such a desire and,
- (2) there is a continuing increase in the numbers of individuals covered by dental insurance programs and,
- (3) an increasing mobility of our respective populations within Canada and across the U.S. border has indicated such a need.

In order to keep pace with this need, the Uniform Code and List of Dental Procedures as established by the Council on Dental Care Programs of the American Dental Association, is recommended for approval as the basis for a complete listing and coding of services by CDA. A copy of that list is included with this report.

It is recognized that:

1. The ADA Prepayment List is not a complete list of dental services.
2. Any additions by CDA to this list will automatically produce areas which will not be uniform with the ADA List.
3. The broader classification of services will be sufficient to facilitate international administrative co-operation.

Appendix 2

4. There are many subclassifications that will require refinement by corporate bodies.

A preliminary list of coded dental services has been prepared for comment, criticism and revision. It is recommended that this list be circulated among the Fee or Economics Committees of the provincial associations for their suggested additions to the identified categories in order that a final uniform List of Services and uniform Code can be recommended to CDA.

00100-00999 I Diagnostic

00100 Clinical Oral Examinations

00110 Initial Oral examination - Complete dental examination of a new patient. To include (a) Medical and dental history (b) Clinical examination of hard and soft tissues

Standard oral examination of a new patient

Paedodontic oral examination - Complete examination of a new patient. To include tooth size-jaw size assessment and required radiographs.

00120 Periodic oral examination of a previous patient (Routine re-call)

00130 Emergency oral examination

Specific oral examination

Oral Stomatological Examination

00200 Radiographs

00210 Intraoral-complete, series (including bitewings)

00220 Intraoral-single, first film

00230 Intraoral-each additional film

00240 Intraoral-occlusal, single, first film

00250 Extraoral-single, first film

00260 Extraoral-each additional film

00270 Bitewing-single, first film

00280 Bitewing-each additional film

00290 Posteriorantero and lateral skull and facial bone, survey film

00310 Sialography

00320 Temperomandibular joint-single film

Temperomandibular joint-four films (closed and open of each side)

00330 Panoramic-maxillary and mandibular, single film

00340 Cephalometric film

00390 Other radiographs

Interpretation of radiographs received from another source

00400 Tests and Laboratory Examinations

00410 Bacteriologic cultures for determination of pathologic agents

00420 Caries susceptibility tests

Appendix 2

- 00400 Tests and Laboratory Examinations (cont.)
 - 00430 Biopsy and examination of oral tissue- hard
 - 00440 Biopsy and examination of oral tissue- soft
 - 00460 Pulp vitality tests, general (complete)
 - 004 Pulp vitality tests, specific (local area)
 - 00470 Diagnostic models-mounted, hinge axis
 - Diagnostic models-mounted, centric and eccentric interocclusal records
 - Diagnostic models-orthodontic
 - 00490 Miscellaneous tests and laboratory examinations
- 01000-01999 II Preventive
 - 01100 Dental prophylaxis
 - 01110 Dental prophylaxis, permanent dentition
 - 01120 Dental prophylaxis, mixed dentition
 - Dental prophylaxis, primary dentition
 - 01200 Fluoride treatments
 - 01210 Topical application of sodium fluoride, four treatments (excluding prophylaxis)
 - 01220 Topical application of stannous fluoride, one treatment (excluding prophylaxis)
 - 01230 Topical application of acid fluoride phosphate, one treatment (excluding prophylaxis)
 - 01300 Other Preventive services
 - 01310 Dietary planning for the control of dental caries
 - 01330 Oral Hygiene instruction
 - Occlusal adjustments and refinishing anatomy on existing restorations
 - Mouth guard, pre-formed
 - Mouth guard, processed
 - 01500 Space Maintainers
 - 01510 Fixed, band type
 - 01515 Fixed, stainless steel crown type
 - 01520 Fixed, cast type
 - 01530 Removable, acrylic
 - 01540 Additional clasps or activating wires
- 02000-02999 III Restorative
 - 02100 Amalgam restorations (including polishing)
 - 02110 Amalgam-one surface, primary
 - 02120 Amalgam-two surfaces, primary
 - 02130 Amalgam-three surfaces, primary
 - 02131 Amalgam-four or more surfaces, primary
 - 02140 Amalgam-one surface, permanent
 - 02150 Amalgam-two surfaces, permanent
 - 02160 Amalgam-three surfaces, permanent

DENTAL SERVICES

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- 0200-02999 III Restorative (cont.)
- 02100 Amalgam restorations (including polishing) (cont.)
 - 02161 Amalgam-four or more surfaces, permanent
 - 02170 Reinforced pin Amalgam (Markley Type procedure)
- 02200 Silicate Restorations
 - 02210 Silicate cement, one surface
 - Silicate cement, complex
- 02300 Acrylic or Plastic (composite) Restorations
 - 02310 Acrylic or plastic, one surface
 - 02320 Acrylic or plastic, complex
 - Composite, posteriors, one surface
 - Composite, posteriors, two surfaces
 - Composite, posteriors, three or more surfaces
- 02400 Gold Foil Restorations
 - 02410 Gold foil, one surface
 - 02420 Gold foil, two surfaces
 - 02430 Gold foil, three surfaces
- 02500 Gold Inlay Restorations
 - 02510 Inlay, gold-one surface
 - 02520 Inlay, gold-two surfaces
 - 02530 Inlay, gold-three surfaces
 - Inlay, gold-three surfaces (modified)
 - Inlay, gold, with retentive pins, per pin
 - 02540 Inlay, per tooth, (in addition to above)
- 02600 Porcelain Restorations
 - 02610 Inlay, porcelain, one surface
 - Inlay, porcelain, two surfaces
- 02700 -
- 02800 Crowns-Single restorations only
 - 02710 Plastic (acrylic) processed
 - 02720 Plastic with metal base
 - Plastic,processed, complicated (Restorative, positional and aesthetic)
 - 02740 Porcelain
 - 02740 Porcelain with metal base
 - Porcelain with metal base, complicated (Restorative, positional and/or aesthetic)
 - 02790 Gold (full,cast)
 - Gold (full,cast), complicated (Restorative and/or positional)
 - 02810 Gold (3/4 Cast)
 - Gold, Partial veneer Crown, complicated
 - Gold, Partial veneer Crown with direct resin or silicate cement corner
 - 02840 Temporary (fractured tooth)

Appendix 2

- 02800 Crowns-Single restorations only (cont.)
 - 02890 Crown with pin (additional)
 - 02891 Crown with metal post and coping (additional)

- 02900 Other Restorative Services
 - 02910 Recement Inlays
 - 02920 Recement Crowns
 - 02940 Fillings (sedative)
 - Staining porcelain
 - Retentive post attached to crown
 - Retentive pre-formed post as separate procedure (add)

- 03000-03999 IV Endodontics

- 03100 Pulp Capping
 - 03110 Pulp cap - direct (excluding final restoration)
 - 03120 Pulp cap - indirect (excluding final restoration)
 - 03130 Recalcification (CaOH, temporary restoration, per tooth)

- 03200 Pulpotomy (excluding final restoration)
 - 03210 Therapeutic apical closure
 - 03220 Vital pulpotomy - permanent
 - Vital pulpotomy - primary

- 03300 Root Canal Therapy (includes treatment plan, clinical procedures, and follow-up care)
 - 03310 One canal (excludes final restoration)
 - 03320 Two canals (exclude final restorations)
 - 03330 Three canals (excluding final restoration)
 - 03340 Four canals (excluding final restoration)

- 03400 Periapical Services
 - 03410 Apicoectomy, performed as a separate procedure
 - 03420 Apicoectomy, performed in conjunction with endodontic manipulation
 - 03430 Retrofilling, anterior
 - Retrofilling, posterior, per root
 - 03440 Apical curettage, anterior
 - Apical curettage, posterior
 - 03450 Root amputation, per root
 - 03460 Endosseous implants

- 03900 Other Endodontic Procedures
 - 03910 Gingival curettement - necessary for isolation of tooth with rubber dam
 - 03920 Hemisection
 - 03930 Canal and/or pulp chamber enlargement (Na2EDTA)

DENTAL SERVICES

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0300-03999 IV Endodontics (cont.)

03900 Other Endodontic Procedures (cont.)

- 03990 Emergency procedures
 - Trephination of a tooth
 - Incision of soft tissue for drainage
 - Trephination of alveolar bone
 - Palliative pulp dressing
 - Mummification of the pulp
 - Bleaching of endodontically treated tooth
 - Splinting

04000-04999 V Periodontics

04100 Non-surgical services

- 04120 Gingival curettage (questionable code)

04200 Surgical Services

- 04210 Gingivectomy or gingivoplasty
 - Gingival curettage
- 04260 Osseous surgery (including flap entry and closure)
- 04261 Osseous graft-single site (including flap entry and closure)
- 04262 Osseous graft-multiple site (including flap entry and closure)
- 04270 Pedicle soft tissue grafts
- 04271 Free soft tissue grafts
- 04272 Vestibuloplasty
- 04280 Periodontal pulpal procedures

04300 Adjunctive Services

- 04310 Training in personal periodontal care-plaque control
- 04320 Provisional splinting-intracoronaral
- 04321 Provisional splinting-extracoronaral
- 04330 Occlusal adjustment-(limited)
- 04331 Occlusal adjustment-(complete)
- 04340 Periodontal scaling and root planing (entire mouth)
- 04341 Periodontal scaling and root planing (fewer than 12 teeth)
- 04350 Tooth movement for periodontal purposes
- 04360 Special periodontal appliances (including occlusal guards)

04900 Miscellaneous Services

- 04910 Preventive periodontal procedures (periodontal prophylaxis)
- 04920 Unscheduled dressing change (by other than treating dentist)
- 04930 Post treatment evaluation

Appendix 2

Case Pattern Section (includes all necessary diagnostic, surgical and adjunctive services). This section is suggested by the American Academy of Periodontology to replace the coding of the ADA "Uniform Code on Dental Procedures and Nomenclature". The coding is not entirely consistent.

- 04400 Case Type I (Gingivitis)
- 04410 Case Type I-a (Gingivitis with complicating factors)

- 04500 Case Type II (Early periodontitis)
- 04510 Case Type II-a (Early periodontitis with complicating factors)

- 04600 Case Type III (Moderate periodontitis)
- 04610 Case Type III-a (Moderate periodontitis with complicating factors)

- 04700 Case Type IV (Advanced periodontitis)
- 04710 Case Type IV-a (Advanced periodontitis with complicating factors)

- 04800 Case Type V (Special case requiring single code numbers)
- 04810 Case Type V-a (Special case requiring narrative report)

05000-05999 VI Prosthodontics - Removable

05100 Complete Dentures

- 05110 Complete Maxillary, Standard
- 05120 Complete Mandibular, Standard
- Complete Maxillary, Equilibrated
- Complete Mandibular, Equilibrated
- Complete Maxillary, Standard Surgical (Immediate)
- Complete Mandibular, Standard Surgical (Immediate)
- Complete Maxillary, Equilibrated Surgical
- Complete Mandibular, Equilibrated Surgical
- Gnathological complete dentures with cast base and gold occlusals

05200 Partial dentures

- 05210 Upper or lower, without clasps, acrylic base
- 05220 Upper or lower with two gold or chrome clasps with rests, acrylic base, Standard
- 05230 Lower with gold or chrome lingual bar and two clasps, acrylic base
- 05240 Lower with gold or chrome lingual bar and two clasps, cast base (Standard Cast)
- 05250 Upper with gold or chrome palatal bar and two clasps, acrylic base
- 05260 Upper with gold or chrome palatal bar and two clasps, cast base, Standard cast
- Upper or lower cast, equilibrated
- Removable unilateral partial denture, one piece casting, gold or chrome cobalt clasp attachments, per unit including pontics

DENTAL SERVICES

Appendix 2

0500-0599 VI Prosthodontics - Removable (cont.)

05200 Partial dentures (cont.)

05290 Full cast partial
Temporary removable partial denture

05300 Additional units for partial dentures
05310 Each additional clasp with rest
05320 Each additional tooth

05400 Adjustments to denture (by other than dentist providing
the appliance)
05410 Complete denture
05420 Partial denture

05600 Repairs to Dentures
05610 Repair broken complete or partial denture, no teeth
damaged
05620 Repair broken complete or partial denture and replace
one broken tooth
05630 Replace additional teeth, each tooth
05640 Replace broken tooth on denture, no other repairs
05650 Adding tooth to partial denture to replace extracted
tooth, not involving clasp or abutment tooth
05660 Adding tooth to partial denture to replace extracted
tooth, each tooth (involving clasp or abutment tooth)
05670 Reattaching damaged clasp on denture
05680 Replacing broken clasp with new clasp on denture
05690 Each additional clasp with rest

05700 Denture duplication and Relining
05710 Duplicate upper or lower complete denture
05720 Duplicate upper or lower partial denture
05730 Relining upper or lower complete, office reline (direct)
05740 Relining upper or lower partial denture, office reline
(direct)
05750 Reline complete denture, laboratory (processed)
05760 Relining Partial denture, laboratory (processed)
Relining complete denture, processed, functional
impression requiring three appointments
Denture rebasing, from new impression and using all
new base material
Denture rebasing, functional requiring three appointments
Reset teeth on existing denture (including rebase)
Tissue conditioning-per appointment

05800 Other Prosthetic Services
05810 Denture, temporary, complete, upper or lower
05820 Denture, temporary, (partial-stayplate), upper or lower
Implant denture

Appendix 2

0500-0599 VI Prosthodontics - Removable (cont.)

05800 Other Prosthetic Services (cont.)

Maxillofacial prostheses (removable) eye, nose, ear or facial prosthesis

- Patient evaluation
- Cleft palate obturator (CUD extra)
- Palatal obturator (CUD extra)
- Post-maxillectomy obturator (CUD extra)
- Velar Bulb (CUD and obturator extra)
- Temporary (edentulous)palatal obturator
- Cleft palate obturator (PUD extra)
- Palatal Obturator (PUD extra)
- Post-maxillectomy obturator (PUD extra)
- Velar Bulb (PUD and Obturator extra)
- Temporary Palatal Obturator (PUD extra)
- Resilient Obturator (prosthesis extra)
- Hollow bulb Obturator (prosthesis extra)
- Inflatable, Obturator (prosthesis extra)
- Mechanical Velar Lift Button (CUD or PUD extra)
- Spiral Spring Retention (prosthesis extra)
- Magnetic retention (prosthesis extra)
- Condylar guide plane (prosthesis extra)
- Silastic chin implant
- Chrome-cobalt mandibular mesh prosthesis
- Customized skull plate
- Akerman Pseudotemporomandibular Joint (Prosthesis extra)
- Maxillofacial prosthesis (fixed)

Surgical Prosthesis Temperomandibular Joint

- Trismus Physiotherapy exerciser
- Diagnostic splints (resin)
- Permanent Cast Occlusal Splint

Splints

- Stout
- Cast capped
- Gunning (upper and lower)
- Cast labial and lingual bar
- Rhinoplastic scaffolding
- Cast adjustable splint

Stents

- Ridge extension
- Skin grafts
- Mucous membrane grafts
- Radiation Vehicle carrier
- Radiation protective shield (extra oral)
- Radiation protective shield (intra oral)
- Localized decompression stent
- Decompression stent (CUD extra)
- Decompression stent (RPD extra)

DENTAL SERVICES

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- 06000-06999 VII Prosthodontics, Fixed
 - Fixed bridges (each abutment and each pontic constitutes a unit in a bridge)
- 06200 Bridge Pontics
 - 06210 Cast gold
 - 06220 Steel's facing
 - 06230 Tru-Pontic
 - 06240 Porcelain fused to metal
 - 06250 Plastic processed to metal
- 06500
 - 06500 Abutments
 - 06520 Two surface gold inlay
 - 06530 Three or more surface inlay
 - 06540 Gold inlay
- 06600 Repairs
 - 06610 Replace broken pin facing with Steele's or other facing
 - 06620 Replace broken facing where post is intact
 - 06630 Replace broken facing where post backing is broken
 - 06640 Replace broken facing with acrylic
 - 06650 Replace broken Tru-Pontic
 - Repair porcelain fused to metal
 - Removal of inlays, crowns and bridges for repair
- 06700 Crowns
 - 06710 Plastic (acrylic)
 - 06720 Plastic processed to metal
 - 06740 Porcelain
 - 06750 Porcelain fused to metal
 - 06780 Gold 3/4 Cast
 - 06790 Gold Full Cast
- 06900 Other Services
 - 06930 Recement bridge
 - 06940 Stress breaker
 - 06950 Precision attachment
 - 06960 Dowel pin, metal
 - Splinting
 - Coping, metal, for crown
 - Retentive cast post as separate procedure
 - Retentive pins
 - Preparation of crown under existing partial denture clasp (add)
 - Oral Rehabilitation
 - Patient assessment
 - Treatment

Appendix 2

0700-07999 VIII Oral Surgery

07100 Simple Extractions

07110 Single tooth

07120 Each additional tooth

07200 Surgical Extraction

07210 Extraction of tooth, ruptured

07220 Extraction of tooth, soft tissue impaction

07230 Extraction of tooth, partial bony impaction

07240 Extraction of tooth, complete bony impaction

07250 Root recovery (surgical removal of residual roots)

07260 Oral antral fistula closure and/or antral root recovery

Other Surgical Procedures applied to teeth:

07270 Tooth replantation

07271 Tooth Implantation

07272 Tooth transplantation

07280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons

07290 Surgical repositioning of teeth

07300 Alveoplasty (Surgical preparation of ridge for dentures)

07310 per sextant, in conjunction with extractions

07320 per sextant, not in conjunction with extractions

07330 Cuspid to cuspid, in conjunction with extractions

Stomatoplasty- Including revision of soft tissue on ridges muscle reattachment, tongue, palate and other oral soft tissues

07340 per arch, uncomplicated

07350 per arch, complicated-including ridge extension, soft tissue grafts and management of hypertrophied and hyperplastic tissue

07400 Surgical Excision

Excision of inflammatory lesions scar tissue or congenital lesions

07410 Radical excision, lesion diameter up to $\frac{1}{2}$ inch

07420 Radical excision, lesion diameter over $\frac{1}{2}$ inch

Excision of tumors

07430 Excision of benign tumor lesion diameter up to $\frac{1}{2}$ inch

07431 Excision of benign tumor lesion over $\frac{1}{2}$ inch

07440 Excision of malignant tumor diameter up to $\frac{1}{2}$ inch

07441 Excision of malignant tumor diameter over $\frac{1}{2}$ inch

Removal of Cysts and Neoplasms

07450 Removal of odontogenic cyst or tumor up to $\frac{1}{2}$ inch

07451 Removal of odontogenic cyst or tumor over $\frac{1}{2}$ inch

Appendix 2

0700-07999 VIII Oral Surgery (cont.)

07400 Surgical Excision (cont.)

Removal of Cysts and Neoplasms (cont.)

07460 Removal of non odontogenic cyst or tumor up to
½ inch

07461 Removal of non odontogenic cyst or tumor over
½ inch

Excision of Bone Tissue

07470 Removal of exostosis maxilla or mandible

07480 Partial ostectomy (guttering or saucerization)

07490 Radical resection of mandible with bone graft

07500 Surgical Incision

07510 Incision and drainage of abscess, intraoral

07520 Incision and drainage of abscess, extraoral

07530 Removal of foreign body, skin, or subcutaneous
areolar tissue

07540 Removal of reaction-producing foreign materials,
musculoskeletal system

07550 Sequestrectomy for osteomyelitis

07600 Treatment of Fractures-Simple

07610 Maxilla open reduction, teeth immobilized (if present)

07620 Maxilla closed reduction, teeth immobilized, if
present

07630 Mandible open reduction, teeth immobilized (if present)

07640 Mandible closed reduction, teeth immobilized (if
present)

07650 Malar and/or zygomatic arch open reduction

07660 Malar and/or zygomatic arch closed reduction

07670 Alveolus-stabilization of teeth, open reduction
splinting

07680 Facial bones, complicated reduction with fixation
and multiple surgical approaches

07700 Treatment of Fractures, Compound

07710 Maxilla, open reduction

07721 Maxilla, closed reduction

07730 Mandible, open reduction

07740 Mandible, closed reduction

07750 Malar and/or zygomatic arch, open reduction

07760 Malar and/or zygomatic arch, closed reduction

07770 Alveolus, stabilization of teeth, open reduction
splinting

07800 Reduction of Dislocation of Mandible and Management of other
Temperomandibular Joint Dysfunctions

07810 Open reduction of dislocation

07820 Closed reduction of dislocation

Appendix 2

0700-07999 VIII Oral Surgery (cont.)

07800 Reduction of Dislocation of Mandible and Management of
other Temperomandibular Joint Dysfunctions (cont.)
07830 Manipulation under anaesthesia
07840 Condylectomy
07850 Meniscectomy
07860 Arthrotomy
07870 Arthrocentesis

07900 Other Oral Surgery

Repair of traumatic wounds

07910 Simple suture of recent small wounds up to two inches
diameter

Complicated suturing (reconstruction requiring delicate
handling of tissues, wide undermining for meticulous
closure)

07911 Diameter up to two inches

07912 Diameter over two inches

07920 Skin grafts (identity defect covered, location, and
type of graft)

Other repair procedures

07930 Injection of trigeminal nerve for destruction

07931 Avulsion trigeminal nerve

07940 Osteoplasty (i.e. for prognathism and micrognathism)

07950 Osteoperiosteal, periosteal, or cartilage graft of the
mandible-autogenous or non-autogenous

07960 Frenulectomy-separate procedure (frenectomy or
frenotomy)

07970 Excision of hyperplastic tissue, per arch

07980 Sialolithotomy (parotid)

07981 Excision of salivary gland

07982 Sialodochoplasty

07900

07983 Closure of Salivary Fistula

07990 Emergency tracheotomy

08000-08999 IX Orthodontics

08100 Appliances for tooth guidance

08110 Removable

08120 Fixed or cemented

08200 Appliances to control harmful habits

08210 Removable

08220 Fixed

Appendix 2

0800-0899 IX Orthodontics (cont.)

08300 Retention appliances-orthodontic retaining appliance
08310 Removable
08320 Fixed

Comprehensive Orthodontic Treatment

Case Type-Fixed Appliances (includes diagnostic procedures,
retention-formal, full-banded treatment)

08400 I. Permanent Dentition (indicate time under treatment)
08410 Class I Malocclusion
084220 Class II malocclusion
08430 Class III malocclusion

08500 II. Mixed Dentition (Indicate time under treatment)
08510 Class I malocclusion
08520 Class II malocclusion
08530 Class III malocclusion

08600 III. Primary Dentition (indicate time under treatment)
08610 Class I malocclusion
08620 Class II malocclusion
08630 Class III malocclusion

Case Type-Removable appliances (includes diagnostic procedures,
removable appliance and post treatment)

08700 I. Permanent Dentition (indicate time under treatment)
08710 Class I malocclusion
08720 Class II malocclusion
08730 Class III malocclusion

08800 II. Mixed Dentition (indicate time under treatment)
08810 Class I malocclusion
08820 Class II malocclusion
08830 Class III malocclusion

08900 III. Primary Dentition (indicate time under treatment)
08910 Class I malocclusion
08920 Class II malocclusion
08930 Class III malocclusion

Other orthodontic services

Recementation of bands

Repairs and alterations

Exercise therapy, including mouth breathing, abnormal
swallowing, etc.

Psychological approach to motivating patient

Stripping of teeth to gain space

Appendix 2

09000-09999 X Other Services

09100 Unclassified Treatment

- 09110 Palliative (emergency) treatment of dental pain, minor procedures
 - Requiring sutures (intra-oral)
 - Requiring debridement and sutures (intra-oral)
 - Requiring debridement, sutures and other surgical procedures
 - Requiring sutures (extra-oral)

09200 Anaesthesia

- 09210 Local (not in conjunction with operative or surgical procedures)
- 09211 Regional block anaesthesia
- 09212 Trigeminal division block anaesthesia
- 09220 General
- 09230 Analgesia

09300 Professional Consultation (diagnostic service provided by physician or dentist other than practitioner providing treatment)

- 09310 Consultation, per session
 - Advice to third party, per report

09400 Professional Visits

- 09410 House calls
- 09420 Hospital calls
- 09430 Office Visit, during regularly scheduled office hours (no operative services performed)
- 09440 Office visit, after regularly scheduled office hours (no operative services performed)

09600 Drugs

- 09610 Therapeutic drug injection
- 09620 Emergency prescription
- 09630 Other drugs and/or medicaments

09900 Miscellaneous Services

- 09910 Application of desensitizing medicaments (fluoride paste, silver nitrate, etc.)
- 09920 Special consultation appointments (not related to case presentation)
- 09930 Complications (unusual circumstances, post-surgical, etc.)
- 09940 Occlusal adjustment (minor)
- 09950 Occlusion analysis (mounted case)
 - Hypnotherapy

Appendix 3

SUMMARY OF STEVENSON & KELLOGG PROPOSAL

1. THE INTENT

- (a) To improve the Relative Value Method of calculating suggested fees so that it is more accurate and more defensible but still readily understood;
- (b) To develop a system that will permit the method to be applied easily by any provincial Association or College to reflect their situation, needs and wishes;
- (c) To computerize the basic program so that it can be up-dated quickly and economically as conditions and procedures change;
- (d) To make it possible to show the effects of fee schedule changes in total in a province and in a variety of practice configurations (size, type, paraprofessional staff, etc.);
- (e) To demonstrate the results by application in one province.

2. THE PROGRAM

- (a) Review existing data;
- (b) Collect new data by questionnaire nationally;
- (c) Develop up-dated time standards by intensive work directly with a number of dentists in a variety of practices;
- (d) Determine standard procedure frequency times for calculation of fee changes;
- (e) Improve the R.V.M. formula;
- (f) Analyze and computerize data;
- (g) Prepare a draft new fee schedule for one province to demonstrate the method.

3. PARTICIPANTS

- (a) STEVENSON & KELLOGG will take responsibility for the program, develop the data collection procedures, do time and frequency studies, prepare the computer system and programming, demonstrate the application.

Appendix 3

- (b) CANADIAN DENTAL ASSOCIATION will participate in the program development to acquire the background knowledge for maintaining the program, handle questionnaire mailing and returns; record and analyze data from questionnaires; assist in final report and application, review progress reports.
- (c) PROVINCIAL ASSOCIATIONS/COLLEGES will co-operate in the overall program, provide liaison and data available provincially, and assist in selection of dentists for participation in in-depth studies.
- (d) B.C. COLLEGES (or alternative if required) will participate in intensive time and frequency study and in fee schedule up-dating to demonstrate program application.

4. TIME AND COSTS

- (a) CANADIAN DENTAL ASSOCIATION: approximately 3 man-months of staff economist time over 6 month program; clerical costs in questionnaire reproduction, mailing and collating; printing and mailing costs; committee for reporting reviews and program approvals.
- (b) STEVENSON & KELLOGG: professional fees at \$19,000 to \$21,000 plus out-of-pocket expenses at 10 to 15 per cent of fees.
- (c) B.C. COLLEGE: support of intensive study; selection of individual dentists for participation in time and frequency studies; consultation on fee proposals in demonstration project; participation in overall costs as agreed with CDA.

5. OTHER

Expected benefits, proposed consulting staff, and additional detail of background are contained in the full submission of Stevenson & Kellogg to the Board of Directors.

EDUCATION

MEMBERS: K.J. Paynter, chairman, Saskatoon; W.J. Dunn, London; L.G. Mandin, St. Paul; M.J. Cipton, Moncton; W.F. Hancock, Fort Qu'Appelle; J.E. Speck, Toronto; J.D. Purves, Toronto; G.E. Decker, Edmonton; D.R. Gratton, Grand Bend.

R E P O R T

COUNCIL MEETING

1. The Council on Education met at headquarters March 27-29, 1971. All members were present. Also in attendance was: Dr. S.W. Leung, representing the Association of Canadian Faculties of Dentistry. Dr. J.D. Spouge, delegated to represent the Royal College of Dentists of Canada, sent his regrets and it was decided by the National Dental Examining Board not to send a non-voting representative to this meeting, since their interests were felt to be covered adequately through the Council membership.
2. Also in attendance during at least portions of the meetings were Deans J. McCutcheon, Edmonton; G.N. Nikiforuk, Toronto; J.-P. Lussier, Montreal; J.W. Neilson, Winnipeg; E.R. Ambrose, McGill; Mrs. Pat Johnson of the Canadian Dental Hygienists' Association; Mr. Rod Swanson, Assistant Secretary of the Council on Dental Education of the American Dental Association.
3. Several persons attended to present reports: Dr. F.G. Kellam (Dental Aptitude Test Committee); Dr. D.J. Kenny (Student Membership Committee); Dr. D.L. Anderson (National Cancer Institute) and Dr. George Beagrie (Conference on Continuing Dental Education). Unable to present their reports in person were: Dr. M.P. Tenenbaum (War Memorial Awards Committee) and Dr. B.M. Twible (National Recruitment Committee).

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:
5. Meetings:
The Committee met at headquarters on December 13-14, 1971 and February 7-9, 1972. All members were present at the December meeting: W.J. Dunn (chairman); N.L. Diefenbacher; G.E. Decker (Registrars); J.W. Neilson (ACFD); H.T. Oliver (RCD(C)) and J.D. Purves (NDEB). Regretfully, because of pressure of other professional duties, Dr. Diefenbacher resigned from the committee in January 1972 and was not therefore present at the February meeting.

6. Reports on 1971 Surveys:

Council granted accreditation status to the following programs:

- (1) undergraduate dental program, University of Manitoba;
- (2) undergraduate dental hygiene program, University of Manitoba;
- (3) postgraduate program in Oral Surgery, University of Toronto;
- (4) postgraduate program in Periodontics, University of Toronto;
- (5) postgraduate program in Paedodontics, University of Toronto;
- (6) postgraduate program in Orthodontics, University of Toronto;
- (7) graduate program in Periodontics, University of Manitoba;
- (8) graduate program in Orthodontics, University of Manitoba;
- (9) graduate program in Oral Surgery, Dalhousie University;
- (10) postgraduate program in Paedodontics, Universite de Montreal;
- (11) postgraduate program in Orthodontics, Universite de Montreal;
- (12) graduate program in Orthodontics, University of Alberta;
- (13) graduate program in Prosthodontics, University of Alberta.

7. Undergraduate survey schedule and teams, 1973:

The following schedule for undergraduate accreditation surveys in 1973 was accepted, assuming that the usual invitations from the schools concerned would be forthcoming:

- (1) University of Alberta: undergraduate dental;
- (2) University of Alberta: undergraduate dental hygiene;
- (3) University of British Columbia: undergraduate dental;
- (4) Universite de Montreal: undergraduate dental hygiene.

8. The roster of team membership suggested by the Committee on Survey Policy was approved by the Council and invitations to serve will be issued when survey dates have been established.

9. Postgraduate survey schedule and teams, 1972:

The following changes should be made in the schedule of postgraduate specialty accreditation surveys in 1972 as recited in paragraph 4(h) of the Council's 1971 report to the Board (1971T40):

- (1) Delete: University of Manitoba, Paedodontics and Oral Surgery - transferred to 1973;
- (2) Add: Doctors' Hospital, Toronto, Oral Surgery.

10. A team has been selected to visit the Doctors' Hospital program.

11. Postgraduate survey schedule and teams: 1973:

The following schedule of postgraduate specialty accreditation surveys in 1973 was approved:

- (1) University of Manitoba: Paedodontics and Oral Surgery (new survey; transferred from 1972 schedule)
- (2) re-survey of University of Toronto: Oral Surgery
- (3) re-survey of University of Toronto: Periodontics
- (4) re-survey of Universite de Montreal: Paedodontics
- (5) re-survey of Universite de Montreal: Orthodontics
- (6) re-survey of University of Alberta: Orthodontics
- (7) re-survey of University of Alberta: Prosthodontics

12. The team for the 1973 survey of the University of Manitoba's Paedodontics and Oral Surgery programs has been selected. Assuming that the usual invitations from the schools concerned with re-surveys are forthcoming, teams will be selected when survey dates have been established.

13. Council again expressed its appreciation to the Canadian Fund for Dental Education for its funding of the initial postgraduate surveys and to the National Dental Examining Board of Canada for a grant of \$4,000 to assist in meeting the costs of undergraduate surveys. The Board's attention is directed to the Council's budget requests with respect to costs of re-surveying those programs which have been awarded provisional approval status.

14. Reciprocal Agreement: American Dental Association and Canadian Dental Association

The Council is pleased to announce that it has entered into a reciprocal agreement with the Council on Dental Education of the American Dental Association for the recognition of advanced dental specialty programs in areas recognized by the Canadian Dental Association and accredited by the American Dental Association, and that comparable action has also been taken by the American Dental Association with respect to Canadian programs accredited by the CDA Council on Education. Council is certain that the Board will welcome this forward step in dental education.

The Board is pleased to note the reciprocal agreement with the Council on Dental Education of the American Dental Association for the recognition of advanced dental specialty programs.

15. Accreditation Classification: Non Approval

Council approved the addition of a classification of "Non Approval" to the existing classifications of accreditation status (1970T73 & 1971T40). The definition is: "Non-Approval: the educational program does not meet the standards set forth in any of the classifications I-IV inclusive. The status of 'Non-Approval' will apply when the Council on Education refuses to grant any one of the classifications I-IV inclusive."

16. Objectives of Graduate and Postgraduate Specialty Programs

Council noted that the Deans present at the meeting agreed with the following statement emanating from the report of the Committee on Survey Policy:

17. "The Committee on Survey Policy believes that it is imperative that the fundamental objectives of graduate and postgraduate specialty programs be clearly enunciated. The Committee is particularly concerned if and when two year graduate or postgraduate program purports to have as its objectives: (a) the production of practitioners to meet high minimum standards of specialty practice, such minimum standards being consistent with a knowledge and understanding of appropriate basic science disciplines and a clinical understanding and expertise both beyond those which can be acquired from an undergraduate program in dentistry, and (b) the provision of a substantive research component sufficient for the generating and defending of a thesis. The Committee believes that if the objectives embrace both (a) and (b) then at least one year beyond the time required for the production of a competent specialty practitioner is requisite."

18. Minimum Requirements for Approval
of Postgraduate Specialty Programs

Council presents the following resolution for Board approval:

Resolved

that the Board of Governors approve the amendment of the "Minimum Requirements for the Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the CDA" (1969T42) by the addition of a definition of graduate program as follows: "Graduate Program - one in which administrative responsibility for the program resides in the university's school of graduate studies. "

Adopted

19. Accreditation of Internships

As suggested by the Board in 1971 (1971T111) the Councils on Education and Hospital Services have established a two-man committee to develop joint documentation on internships and residencies.

20. Accreditation of Dental Assisting Programs

Approximately 18 requests for accreditation of dental assisting programs have been received. At the suggestion of the Committee, Council agreed to seconding the services of the Canadian Armed Forces Dental Services for the evaluation visits to these programs in 1972. Council is grateful to Brigadier-General G.C. Evans, the Director General of Dental Services, Canadian Forces Headquarters, and his staff for their willingness to undertake the assignment. Final arrangements have not been completed but it is Council's understanding that all accommodation and other maintenance costs would be borne by the CDA; that CDA would be responsible for travel costs in Ontario; that the Canadian Forces would use their own transport for inter-province travel and that Lt. Col. Richardson (possibly accompanied by an NCO) would be responsible for the site evaluations.

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The Board wishes to extend its thanks to Brigadier-General G.C. Evans, the Director General of Dental Services, Canadian Forces Headquarters, and his staff for their willingness to undertake the evaluation visits for accreditation of approximately 18 dental assisting programs in 1972.

21. Accreditation of Dental Hygiene Programs

Council was requested to consider a question concerning the accreditation policy of the CDA in so far as a program in dental hygiene is concerned in the event the normal and acceptable program is maintained but augmented by training in expanded duties such as the cutting of hard or soft tissues and the administration of anaesthetics.

22. In considering the question, Council was mindful of the resolution adopted by the Board (1970T6) superseding the earlier CDA policy statement which was relatively definitive in identifying procedures which are within the exclusive jurisdiction of the dentist. While it could be interpreted that there is no violation of CDA policy should any province provide a legal environment for the delegation of such duties as cutting hard or soft tissues and for the administration of anaesthetics, the Council addressed itself to the question as if the Board took the position that such duties do indeed "require the professional knowledge and skill of the dentist". Council's decision was that the regular course in dental hygiene should not be denied accreditation simply because it has been augmented by training in such extended duties as may be unacceptable to the CDA, provided that within the provincial jurisdiction in which the program is mounted such extended duties have been legally recognized and are legally permissible for hygienists to render.

23. Accreditation of Dental Technician Programs

Council requested its Committee on Survey Policy to develop a mechanism for accrediting courses for dental technicians and to report back to the Council at its 1973 meeting, if possible.

24. Survey Team Honoraria

In the knowledge that the conduct of accreditation surveys requires considerable time and effort before, during and after the site visit and an extraordinary measure of selflessness because the nature of the program demands unbiased evaluation of the work of one's peers, the Council approved the following resolution:

25. "Whereas the duties and responsibilities of members of survey teams are, in the judgement of the Council on Education, different in their demands and not infrequently in their consequences from those normally attending membership on the Association's Councils and their committees, and
- "Whereas the Council on Education, recognizing the importance and centrality of the survey teams to the Council's accreditation program believes that modest stipends should be paid to members of survey teams at the conclusion of their site visits and preparation of their reports, therefore be it resolved
- "That the Council on Education does respectfully request the Executive Council and the Board of Governors to reconsider the action taken at the 1971 annual meeting of the Board of Governors which has had the effect of discontinuing the stipends previously paid to members of survey teams."

The above paragraph provides substantial evidence of the need for re-instituting stipends for survey team members.

26. The following resolution is presented for Board approval:

That the per diem stipend formerly offered to members of accreditation survey teams be re-instated effective January 1, 1973.

Defeated

The Board does not agree with the commencement date suggested and recommends that the resolution be amended to read:

Resolved

That the per diem stipend formerly offered to members of accreditation survey teams be re-instated retroactive to January 1, 1972.

Defeated

On motion from the floor:

That the Executive Council study the matter of per diem remuneration to those who contribute their time, knowledge and services to the Association; and further

that they set priorities of who should get this per diem remuneration when the funds are available.

Adopted

27. Request from Canadian Forces Dental Service School

Council briefly considered a request from the Canadian Forces Dental Service School, Base Borden, for accreditation of its auxiliary training program. The correspondence was referred to the Committee on Survey Policy for study and recommendation to Council.

28. Mechanism for Surveys

Notwithstanding the acknowledged competence of the members of the survey teams and the conscientious care exercised in the discharge of the duties assigned to them, the Council expressed grave concern about the quality and validity of the accreditation program as it is currently conducted. The accreditation program, now embracing undergraduate dental and dental hygiene, graduate and postgraduate specialty programs and dental assisting programs, is becoming increasingly complex. The addition of courses for dental technicians and the auxiliary training program conducted by the Canadian Forces Dental Service School will further complicate the matter.

29. It is the strongly held view of the Council that the Association should immediately undertake the engagement of an "Accreditation Co-ordinator" who would assure a uniformity in approach and a consistency in action. He would assure the acquisition of complete and accurate pre-survey documentation, and accompany the team on the site visit, following which he would write the team's report after verification by team members of the facts and recommendations to be included therein.
30. By following this procedure, the Council could then be reasonably confident that it was the recipient of reports characterized by consistency and embracing all the requirements imposed by the approved accreditation criteria.
31. While it is difficult to measure the amount of time during the year in which it would be necessary to engage such an "Accreditation Co-ordinator" it is felt that, in total, a period approximating three months would be required. A retired dental educator could be an appropriate candidate for such a position. In respect of costs, the Council believes that the vitally important accreditation program of the Association makes mandatory the assigning to this area of Association activity a very high priority commitment on Association funds.
32. Council approved in principle the engagement of an "Accreditation Co-ordinator" and requested the Chairman and the Executive Director to prepare a formal request for consideration by the Executive Council.
33. Committee's terms of reference
Council approved new terms of reference for its Committee on Survey Policy which authorize the Committee to recommend to the Council on matters of policy relative to accreditation programs, to appoint survey teams, to develop mechanisms for survey procedures and to review and recommend on survey team reports to the Council.
34. Appointments to Committee
The following Council appointments were made to the Committee on Survey Policy: L.G. Mandin, 1974(1), chairman; D.R. Gratton, 1973(1); and W.J. Dunn, 1975(2). Other members of the Committee are appointed by the RCD(C), NDEB, ACFD and the Registrars.
35. Appreciation to Dr. Dunn
Council noted with regret that Dr. W.J. Dunn's term of office as a member of the Council and as the Chairman of the Committee on Survey Policy expires this year. Council expressed to Dr. Dunn its very sincere appreciation of his generous contributions to the work of this Association and its recognition that his well-known qualities of leadership had been instrumental in guiding the complex activities of the Committee over the past several years.

NATIONAL RECRUITMENT COMMITTEE

36. Council was interested in the increasing distribution of CDA careers pamphlets to individual enquirers, guidance counsellors, corporate members, dental schools and members of the profession undertaking speaking engagements.
37. The Youth Science Foundation's annual Canada-wide Science Fair was held at the University of Alberta, Edmonton, in May 1971 in which approximately 70 finalists from regional science fairs participated. Winners of the CDA awards of \$100 each were Jane Lois Douglas, a 17-year old Belleville, Ontario student who is in grade 13 and Brian Maki, 15, a grade 10 student at Oak Bay Junior Secondary School in Victoria, B.C. Miss Douglas' exhibit was entitled "Plant Virus Experiments with Tobacco Mosaic Virus and Potato Virus X". Her career plans are indefinite but a most appreciative note from her following the Fair indicates her interest in pursuing the Association's offer of assistance in her future studies. Mr. Maki's exhibit was entitled "Laser Irradiation of Cells" and he hopes to pursue a career in biophysics research. Council is grateful to Dr. G.H. Sperber of Edmonton for serving as its representative on the final judging committee. The 1972 Science Fair will be held in Sarnia. (see para.45 Executive)
38. The National Recruitment Workshop planned for October 1971 was temporarily shelved due to less than unanimous support from the provincial recruitment committees and documented increases in the number of qualified applicants to Canadian dental schools. The ratio has increased from 4.7 in 1965 to 5.6 in 1970.

STUDENT MEMBERSHIP COMMITTEE

39. The report of the Committee contained several topics of considerable interest to the Council - in particular, the report of the Third Canadian Dental Students' Conference held at the University of Manitoba from October 20-23, 1971 from which it was evident that the Conference had been a great success. Council is most grateful to the Canadian Fund for Dental Education for underwriting the costs of the Conference, through a special grant, and to the Manitoba Dental Association, the Faculty of Dentistry, Dean J.W. Neilson and the Assiniboine Dental Clinic for generous acts of hospitality during the Conference.
40. Council noted that as a result of membership drives, the percentage of CDA student membership has increased from 34.3% in January 1970 to 40.0% in January 1972.
41. Congratulations from the Council are extended to Mr. Edwin Yen, elected by the 3rd Canadian Dental Students' Conference as the student representative to the 1972 meeting of the CDA Board of Governors.

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42. CDA Student Table Clinic Program was reported to have been a highly successful innovation in the program of the National Convention at Ottawa and the attention of the Board members is again directed to this activity during the 1972 Convention.
43. Council noted that a resolution emanating from the 3rd Canadian Dental Students' Conference for non-voting student representation on the National Dental Examining Board had been forwarded to the Board for consideration. Council supports this request.

The Board concurs with Council's support of this request.

44. Student representatives had been invited to the Conference on Insurance and Investment sponsored by the CDA Council on Insurance and Investment in Montreal in February 1972.
45. The Committee stressed the need for a firm commitment regarding funding of future student conferences so that adequate time would be allowed for agenda planning, pre-conference study by delegates and local arrangements. Council is appreciative of the Board's decision in 1971 (1971T47) to permit its Student Membership Committee to select the annual site of the conference within budgetary provisions. The Council, therefore, supported the request of the Committee in its application to the Canadian Fund for Dental Education for funding of the Canadian Dental Students' Conference over a three-year period and agreed to undertake a detailed evaluation of the Conference on behalf of the Association and the CFDE not later than January 31, 1975.
46. Council was pleased to be informed that the Faculty of Dentistry, University of British Columbia, has invited the Committee to hold its 1972 Conference in Vancouver. An application for funding of the Vancouver meeting was made to the Canadian Fund for Dental Education, supported by the Executive Council whose resolution on the subject (Exec.Ccl. March 1972:81) stated that if it proved to be impossible for the CFDE to totally fund the 1972 Conference, authorization would be given for the expenditure from CDA funds of the difference between the CFDE grant and the cost of the Conference up to a limit of \$4,000. Mr. Kevin Roach of the University of Toronto has been elected Chairman of CDSC.4.
47. Student Membership Committee members are: D.J. Kenny, 1975(2), chairman; P.E. Currie, 1974(1); and K. Roach, 1972.

DENTAL APTITUDE TEST COMMITTEE

48. The number of dental school applicants tested in the CDA-DAT Program in 1971 was 1,242 as compared with 1,093 the previous year. (Note: 1,521 were tested in 1972). Four schools reported 100% tested admissions; 85.3% of the admitted applicants in 1971-72 had been tested.

Tests were conducted at a total of forty-one centres, including two French-language schools (Universite de Montreal and Universite Laval) one special centre for Sabbath observers and one new location in the Northwest Territories.

49. For the third year in a row, there was an excess of revenue over expenditure. Total program surplus at the year ended June 30, 1971 was \$11,291.
50. Council approved the replacement of the DAT carving dexterity test by the Perceptual Motor Ability Test, a written examination of the multiple choice variety, effective in the 1972-73 program year.
51. A further validation study was conducted for the Committee by Dr. R.M. Grainger of the Association of Canadian Medical Colleges. As a result of the study, the CDA will continue the dental aptitude test program for a further unspecified period.
52. Dental Aptitude Test Committee members are: R.E. Echlin, 1974(1), chairman; W.R. Teteruck, 1975(2); F.D. Dempster, 1973(1) and R.M. Grainger, Consultant. Miss Beverley Nicholl is the Program Administrator.

WAR MEMORIAL AWARDS

53. Title of the 1971-72 essay competition was: "Iatrogenic Factors in Periodontal Disease/Les facteurs iatrogenes des maladies peridentaires" and the winners were:

1st -	<i>Perry Goldberg - McGill University</i>
2nd -	<i>G.G. Morrison - University of British Columbia</i>
54. The Board will recall that in 1971 (1971T49) the Council on Education was requested to recommend to the Board a course of action with respect to the future of the War Memorial Essay Competition. Despite repeated requests, no information could be obtained from the federal government concerning the release of the funds for other than the original intention, i.e. an essay competition.
55. The Committee requested comments from deans and students of various universities and the consensus was that the funds should be applied to some other student-oriented activity, such as undergraduate dental publications, student representation at national meetings, etc.
56. The 1971 student conference had also been invited to submit suggestions and their resolution follows:

"Whereas student interest and participation in the annual War Memorial Awards Essay Competition has decreased significantly over the past few years and whereas the War Memorial Awards Committee of the Council on Education has requested suggestions regarding the future use of the War Memorial Awards Funds, and whereas the original intent of the Fund was to provide a benefit directly to dental students, therefore be it resolved

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"that funds generated by the War Memorial Awards Fund be made available for resource persons and research projects in the general context of the annual Canadian Dental Students' Conference, commencing at a future date deemed appropriate by the Board of Governors of the Canadian Dental Association."

57. The following resolution is presented for Board approval:

Resolved

that the Board of Governors approve the transfer of funds being held in the name of the War Memorial Fund to the Canadian Fund for Dental Education to be held in a special account for use as directed by the CFDE, as soon as it is legally possible to do so.

Adopted

58. Dr. M.P. Tenenbaum was reappointed chairman of the War Memorial Awards Committee for the coming year.

NATIONAL CANCER INSTITUTE

59. Council has expressed its appreciation to Dr. D.L. Anderson for his excellent contribution as the CDA representative to the National Cancer Institute of Canada. His annual report to the Council was most interesting and informative.

ASSOCIATION OF CANADIAN MEDICAL COLLEGES

60. Dr. J. McCutcheon, Dean of the Faculty of Dentistry, University of Alberta, represented the Canadian Dental Association at the annual meeting of the Association of Canadian Medical Colleges in Edmonton. Council extended its appreciation to Dr. McCutcheon for his excellent report.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

61. The report of Council's representatives to the National Dental Examining Board of Canada was studied with interest, particularly those sections dealing with 1971 foreign dentists' examination. Council noted with concern that no preparatory or study program is yet available for immigrant dentists wishing to take this examination. (see paragraph 84 of this Report)
62. Council's representatives on the National Dental Examining Board are: M.J. Crompton, 1975(2) and J.E. Speck, 1973(1).

COUNCIL ON EDUCATION/ACFD LIAISON COMMITTEE

63. Council reported to the Board in 1971 (1971T50) the expansion of the terms of reference of the ad hoc liaison committee to include a study of the methods by which a projection of future need for specialists

in Canadian practice could be determined. Despite sincere attempts to fulfill this assignment, the Council resolved to accept the recommendation of the ad hoc committee to abandon the project for the present and suggest to the ACFD that the committee be disbanded. Council believes that continuing liaison with the Association of Canadian Faculties of Dentistry can be achieved through the ACFD representation on the Council.

CANADIAN FUND FOR DENTAL EDUCATION

64. Mr. D.M. McDonald, Executive Director of the CFDE, commented on the achievements of the past year and Council expressed to the Trustees, through Mr. McDonald, its appreciation of the Fund's continuing support of several Council projects, including the initial postgraduate surveys and the Canadian Dental Students' Conference.

CANADIAN DENTAL NURSES' AND ASSISTANTS' ASSOCIATION

65. Council was interested in a report submitted by the CDN&AA Council on Certification and again declared itself as an enthusiastic endorser of the national certification program.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

66. A request was received from the CDHA Sub-Committee on Education for a review of the Council document entitled "Survey Policy and Accreditation of a Program in Dental Hygiene" (1971T49) with particular reference to the possible removal of the words "(and direct)" from the following paragraph: "23. To comply with the policies of the profession and to conform to the various provincial dental acts, a licensed dentist must be available to supervise (and direct) the dental hygiene clinical training". The request was referred to the Committee on Survey Policy for study and recommendation to the Council.
67. Council also considered a request from the Canadian Dental Hygienists' Association for direct representation on the Council. Believing that a dental hygiene educator could make valuable contributions to the deliberations of the Council, particularly in respect of matters related to dental hygiene education, the following resolution is presented for Board approval:

68. Resolved

that the Board of Governors request the Council on Constitution and By-laws to amend Article IX, Section 4(e), second paragraph, to provide for non-voting representation on the Council on Education from the Canadian Dental Hygienists' Association without CDA financial responsibility.

Adopted

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CONFERENCE ON CONTINUING DENTAL EDUCATION

69. Dr. G.S. Beagrie, chairman of the Conference on Continuing Dental Education, presented his report (Appendix 1). The Conference is to be held at the Ontario Institute for Studies in Education, Toronto, from September 25 - 27, 1972. Council offered its co-operation and support to Dr. Beagrie's committee in the planning and organization of the Conference.

COMMITTEE ON SPECIALTIES

70. Because of conflicting commitments, Dr. George Decker had found it necessary to retire as chairman of this Committee in the fall of 1971. His duties were assumed on an interim basis by the Chairman of Council. Other members of the Committee are: W.F. Hancock, 1973(1); and M.J. Cipton, 1975(2). Council authorized its Chairman to appoint a new chairman for the Committee as soon as possible.
71. The Committee has a most difficult and thankless task. It is required to advise the Council what course of action should be recommended to the Board of Governors with respect to matters related to areas of specialization. Although the Board adopted new "Requirements for the Approval of a Special Area of Dental Practice" (1971T42), the Council now considers it is imperative that the Board, through its Executive Council, assist in the drafting of guidelines which would enable them to more adequately assess new applications for specialty recognition and the degree to which new applicants have satisfied the six criteria approved by the Board.
72. During consideration of the Committee report, Dr. W.J. Dunn was asked to assume the chair. Council agreed that the name of the Committee (formerly entitled "Committee on Specialists and Specialization") should be changed to "Committee on Specialties".
73. Grouping of Specialties
As directed by the Board (1971T42) Council had requested comment on its recommendation for specialty grouping from (1) specialty groups; (2) licensing authorities; and (3) dental schools. The response was disappointing: of the 6 specialty groups, three replied (two were opposed and one stated a qualified "yes"); of the 10 licensing authorities, four replied (three opposed, one in favour); of 10 dental schools, four replied (no consensus).
74. Council passed the following resolution:
- "That the Council on Education continues to support the principle of grouping of specialties, and
- that the Council on Education, having fulfilled the duties assigned to it by the 1971 Board meeting and having found a paucity of interest and response and a wide diversity of opinion in its communications with the bodies suggested by the Board, recommends that the matter of grouping of specialties be closed for the present."

75. The following resolution is presented for Board approval:

Resolved

that the matter of grouping of specialties be closed for the present time.

Adopted

76. Review of Approved Applications

Following adoption of the new "Requirements for the Approval of a Special Area of Dental Practice", the sponsoring body of each of the six recognized specialties was asked to complete a new application form for review by the Committee. This would not only standardize the specialty files but assist the Committee in establishing criteria for evaluation of new applications.

77. Review of New Applications

The Council wishes to record its appreciation to the sponsoring organizations of the four new applications for specialty recognition for their patience and co-operation in completing new application forms following Board approval of the new "Requirements". It is particularly aware of the somewhat lengthy period during which some of these applications have been awaiting final recommendations. The subject, however, is considered to be of sufficient importance to Canadian dentistry that time must be allowed for adequate study.

78. Oral Pathology: Council expressed some concern regarding the relatively few dentists who are stated to be eligible for membership in this specialty group (15 - 18). Nonetheless, the following resolution is presented for Board approval:

Whereas in the opinion of the Council on Education the application on behalf of Oral Pathology for recognition as a specialty meets the six criteria recited in "Requirements for Approval of a Special Area of Dental Practice", be it resolved

that the Board of Governors approve the recognition of Oral Pathology as a specialty, and

that this area be defined as: "That branch of science which deals with the nature of diseases affecting the oral regions, through study of their causes, processes and effects, together with the associated alterations of oral structure and function. The practice of oral pathology shall include the application of this knowledge through the use of clinical, microscopic, radiographic, biochemical or other such laboratory examinations or procedures as may be required to establish a diagnosis and/or gain other information necessary to maintain the health of the patient, or to correct the result of structural or

"functional changes produced by alterations from the normal. The oral pathologist may treat the disease directly or, through knowledge of the disease, guide other members of the health services team to more effective therapy."

In the opinion of the Board, action on this subject would be facilitated by presentation of separate resolutions. The following substitute resolutions are proposed:

Resolved

That the area of Oral Pathology be defined as: "That branch of science which deals with the nature of diseases affecting the oral regions, through study of their causes, processes and effects, together with the associated alterations of oral structure and function. The practice of oral pathology shall include the application of this knowledge through the use of clinical, microscopic, radiographic, biochemical or other such laboratory examinations or procedures as may be required to establish a diagnosis and/or gain other information necessary to maintain the health of the patient, or to correct the result of structural or functional changes produced by alterations from the normal. The oral pathologist may treat the disease directly or, through knowledge of the disease, guide other members of the health service team to more effective therapy."

Adopted

Whereas in the opinion of the Council on Education the application on behalf of Oral Pathology for recognition as a specialty meets the six criteria recited in "Requirements for Approval of a Special Area of Dental Practice",

be it resolved -

That the Board of Governors approve the recognition of Oral Pathology as a specialty.

Adopted

79. Oral Radiology: Council noted that there is no evident national interest in the recognition of Oral Radiology as a specialty, as reflected by the fact that the application has been sponsored solely by a local organization, namely the Toronto Radiodontic Study Group. The following resolution is presented for Board approval:

Whereas there is no evident national interest in the recognition of Oral Radiology as reflected by the fact that the application for recognition is sponsored solely by a local organization, be it resolved

that the Board of Governors not approve the recognition of Oral Radiology as a specialty at the present time.

Adopted

80. Dental Public Health: The Committee recommended to Council that consideration of the application for specialty recognition of Dental Public Health be deferred until additional detailed information concerning the proposed second year of residency, said to be similar to that accepted by the American Board of Dental Public Health, is available. The following resolution is presented for Board approval:

That consideration of the application for specialty recognition of Dental Public Health be deferred until additional detailed information concerning the proposed second year of residency is available.

Adopted

81. Restorative Dentistry: Council notes with regret the overlapping areas of concern between the already approved specialty of Prosthodontics and the field of Restorative Dentistry. The following resolution is presented for Board approval:

82. Whereas it is apparent that there are overlapping areas of concern between the already approved specialty of Prosthodontics and the field of Restorative Dentistry, and
- whereas it is not in the best interests of Canadian dentistry that two specialties in the same area should be recognized by the Canadian Dental Association, be it resolved
- that the Board of Governors not approve the recognition of Restorative Dentistry as a specialty at the present time.

Adopted

Reference is made in paragraph 71 to the difficulty encountered by the Council on Education in resolving matters related to specialty recognition. Pursuant to Council's request for assistance, the following resolution is proposed:

EDUCATION

Whereas the present definition of Prosthodontics is out-of-date and therefore incomplete, and

Whereas the science of replacement of lost tissue has advanced considerably through research and improved techniques and armamentaria,

therefore be it resolved

That the Executive Council assume responsibility to redefine Prosthodontics for the purpose of resolving the overlapping areas of concern between Prosthodontics and Restorative Dentistry.

Adopted

TEACHING CONFERENCE

83. The subject of the 1973 Teaching Conference will be: "Oral Diagnosis and Oral Medicine in Canada". Dr. D.S. Moore of the University of Western Ontario has been invited to accept the chairmanship. Funding will be sought from outside sources.

FOREIGN DENTISTS

84. Council considered at some length the problem of a facility for re-training immigrant dentists who have been unsuccessful in the NDEB examination. Appendix 2 to this Report was discussed at some length and the Council resolved to appoint a small task force to initiate a study in depth of the magnitude of the problem of re-training foreign dentists and re-educating Canadian dentists. The ad hoc committee will also explore with the federal government various ways of resolving the problem using currently available or possible new resources.

FDI TWO-DIGIT SYSTEM OF TOOTH DESIGNATION

85. The Council recorded its endorsement of the use of the FDI 2-digit system of tooth designation.

CODE OF ETHICS

86. As requested by the Board of Governors (1971T179) Council resolved to recommend to faculties of dentistry that the CDA Code of Ethics be introduced to students during their early years in dental school.

COUNCIL STUDIES

87. Emanating from discussions with the Association of Canadian Faculties of Dentistry, Council resolved to continue the production of "Dental

Education Register" and "Applicants and Applications for Canadian Dental Schools" (two statistical studies conducted by the CDA Bureau of Dental Statistics on behalf of the Council) for the 1972-73 academic year, following which the ACFD would be requested to undertake the project.

SECOND HEALTH MANPOWER CONFERENCE

88. Dr. W.J. Dunn represented the Association at the October 1971 meetings of the Second Health Manpower Conference held in Ottawa. His report was presented to the Executive Council in December and the following resolution was referred by the Council to the Council on Education as a result of the discussion of the report:
"That the Council (Executive) approve the principle of considering health sciences educational resources as national assets and refer this statement of approval to the Council on Education for appropriate study and recommendation ..".
89. The Council on Education recorded its approval of the principle of considering health sciences educational resources as national assets but due to lack of information on the Executive Council's intent in referring the resolution, the Council on Education stated it could not at this time perform an appropriate study or make recommendations.

The Council on Education is commended for its excellent work throughout the year.

Appendix 1

CDA CONFERENCE ON CONTINUING DENTAL EDUCATION

1. As reported in the 1971 Transactions (1971T92), "A conference is to be arranged for early 1972 to examine the needs, methods and responsibilities for continuing education in Canada". To be successful there must be adequate representation of all bodies associated with education and dental health in Canada and the budget estimate for such a Conference was set at \$28,000.
2. Following an approach to the Department of National Health and Welfare, the Association was able to secure funds to the value of \$16,000., i.e. \$12,000 below the target figure and to accommodate this reduction in budget it is suggested that invitations be sent to representatives of the various concerned bodies, as shown below:
3. 10 corporate member representatives
10 licensing body representatives
 1 QDSA representative
 1 ACFD representative
10 dental school representatives
 1 RCD(C) representative
 1 NDEB representative
10 provincial dental directors
3 federal dental directors*
1 federal DNH&W representative*
Canadian Fund for Dental Education*
Allied professions, such as*: Canadian Medical Association, Canadian Nurses' Association, Royal College of Physicians and Surgeons, Association of Canadian Medical Colleges, Canadian Pharmaceutical Association, Canadian Dental Hygienists' Association, Canadian Dental Nurses' & Assistants' Association, Canadian Hospital Association, Canadian Council on Hospital Accreditation.

 (* to be asked to bear their own expenses)
4. This makes a total of 48 delegates and to such a figure should be added officials and speakers, making in all a Conference number of approximately 60 people, exclusive of the number of observers attending at their own expense.
5. Originally the Conference was arranged for May 8 - 10, 1972 to comply with Council's suggestion to hold the meeting in the early part of 1972. However, the above mentioned government funds were not encumbered officially until mid-February, leaving too short notice for the Conference to be held during May. It has, therefore, been arranged for September 25 to September 27, 1972 at the Ontario Institute for Studies in Education, 252 Bloor Street West, Toronto.
6. The following is a preliminary outline of the Conference. Speakers for morning sessions and groups leaders have been selected; invitations will be issued shortly.

Appendix 1

DAY I: "Organization, Administration and Responsibility
for Continuing Education in Canada - Outline of
Current Position"

PLENARY SESSION:

9:00 - 9:20 a.m.	Opening remarks
9:20 - 9:40	The Role of Governments
9:40 - 10:00	The Role of Licensing Bodies
10:00 - 10:20	The Role of the Associations
10:20 - 10:40	The Role of the Faculties
10:40 - 11:00	Chairman's remarks
11:00 - 11:15	Coffee break

GROUP DISCUSSIONS:

11:15 - 1:00 p.m.	Discussion with prepared questions: 5 groups of 12
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LUNCH:

1:00 - 2:00 p.m.	
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PLENARY SESSION: (Course leader presentation of group findings)

2:00 - 2:15 p.m.	Group Leader 1
2:15 - 2:30	Group Leader 2
2:30 - 2:45	Group Leader 3
2:45 - 3:00	Group Leader 4
3:00 - 3:15	Group Leader 5
3:15 - 3:30	Chairman's summation
3:30 - 3:45	Coffee break
3:45 - 5:00	Panel discussion of factors raised. Question and answer from panel to delegates.

A reception and dinner will be arranged
at the end of Day I with an eminent
keynote speaker.

DAY II: "Need for Continuing Education and its Application to -

PLENARY SESSION:

9:00 - 9:20 a.m.	(a) the general practitioner
9:20 - 9:40	(b) the specialist
9:40 - 10:00	(c) the dental teacher

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Appendix 1

10:00 - 10:20 a.m.	(d) the pros and cons of legislation for continuing legislation"
10:20 - 10:40	Chairman's summation
10:40 - 11:00	Coffee break

GROUP DISCUSSIONS:

11:00 - 12:30 p.m.	Group discussions in seminar rooms with specific questions arising from above plenary session.
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LUNCH:

1:00 - 2:00 p.m.

PLENARY SESSION:

Reports of 5 group leaders:

2:00 - 2:15 p.m.	Group Leader 1
2:15 - 2:30	Group Leader 2
2:30 - 2:45	Group Leader 3
2:45 - 3:00	Group Leader 4
3:00 - 3:15	Group Leader 5
3:15 - 3:30	Chairman's summation
3:30 - 3:45	Coffee break
3:45 - 5:00	Panel discussion of reports

DAY III: "A Method of Delivery of Continuing Dental Education"

PLENARY SESSION:

9:00 - 9:20 a.m.	Continuing Education in the Urban Centres
9:20 - 9:40	Continuing Education in the Rural Centres
9:40 - 10:00	Team Teaching
10:00 - 10:20	Audio-visual approaches
10:20 - 10:40	Short courses and symposia
10:40 - 11:00	Chairman's remarks
11:00 - 11:15	Coffee break

GROUP DISCUSSIONS:

11:15 - 12:30 p.m.	Group discussions on above topics
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LUNCH:

12:30 - 2:00	(possible demonstration of audio-visual equipment)
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PLENARY SESSION:

Reports of 5 group leaders

2:00 - 2:10	Group Leader 1
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Appendix 1

2:10 - 2:20 p.m.	Group Leader 2
2:20 - 2:30	Group Leader 3
2:30 - 2:40	Group Leader 4
2:40 - 2:50	Group Leader 5
2:50 - 3:00	Chairman's remarks
3:00 - 3:15	Coffee break
3:15 - 5:00	Summation of Conference findings

Appendix 2

THE CANADIAN NATIONAL COLLEGE OF DENTISTS
A Proposal to the Council on Education
by K.J. Paynter

1. The following resolution from the Association of Canadian Faculties of Dentistry was considered by the Executive Council of the Canadian Dental Association and in September 1971 was referred to the Council on Education for study and recommendation:
2. "Whereas the Association of Canadian Faculties of Dentistry having given consideration to the implications of the new policy of the National Dental Examining Board of Canada whereby graduates of foreign dental schools may now be admitted to the qualifying examinations of the National Dental Examining Board of Canada; and
"Whereas there is likely to be a substantial number of candidates who are unable to meet the required standards of the National Dental Examining Board of Canada and may desire further education in this country so that they may meet the Board's standards and provincial licensing requirements; and
"Whereas existing dental schools now do not have the physical and other resources to provide the widely varied needs of these individuals for the number involved;
"Resolved that the Association of Canadian Faculties of Dentistry express its concern over the problem to the Canadian Dental Association, the National Dental Examining Board of Canada and the provincial licensing authorities, with the recommendation that appropriate steps be taken to establish a training centre or centres for graduates of foreign dental schools who do not meet the minimal requirements for licensure in Canada."

Appendix 2

3. In giving consideration to this matter, the Council on Education should recognize that a number of unique aspects of the problem outlined in the ACFD resolution suggest that traditional methods of dental education and examination are inadequate to resolve the problem, and that a completely new approach to its resolution is indicated. The fact that the ACFD saw fit to submit its resolution in the first place, and letters from a number of Deans of Dentistry, all support this view.
4. The problem is one of national concern and has no greater significance for one province than for another; therefore the approach to its solution should be national rather than provincial. That is, funding of a training centre or centres for graduates of foreign schools should be from national rather than provincial resources, in contrast to the present pattern of support for dental education, which comes from provinces alone. The educational approach would also have to be considerably different from that of traditional undergraduate or graduate programs. Each student in this new College would have educational needs different from those of others, and traditional formal course structuring would not satisfy these needs, at least not without much waste of time and other resources. Thus a new type of curriculum would have to be established which would require resources that regular dental schools could not supply without a major infusion of funds. The latter would in turn require the collaboration of at least seven provinces and ten universities in order to fill the need without waste - an event unlikely to happen.
5. Thus a new approach is needed - one that would require the development of an entirely new educational institution in Canada, which incidentally could be structured to not only resolve the problem outlined in the resolution from the ACFD but could also help resolve other educational and licensing problems now facing the Canadian dental profession.
6. The suggestion is, therefore, that Council give consideration to the organization and development of a special educational centre in Canada for re-training or upgrading the training of foreign dental graduates. With the proposed move of the Canadian Dental Association headquarters to the National Health Centre in Ottawa, it would seem desirable to have the new Canadian National College of Dentistry located on that site. The following paragraphs contain some thoughts about form and structure of such an institution.
7. The objectives of the Canadian National College of Dentistry might be threefold: to provide education, to conduct examinations and to carry out research.
8. Its educational offerings should be designed to upgrade the capabilities of graduates of foreign schools in the specific areas of weakness identified by examination, to the point where the individuals satisfy Canadian standards in all respects. At the same time the educational program might be structured in such a way as to help solve a highly

Appendix 2

relevant problem facing dentistry today - how to re-train or upgrade the qualifications of Canadian dentists who may either elect to add to their knowledge and skills or who may be required to do so. The latter may be in significant numbers if current interest in re-examining professionals from time to time results in the development of a system to do so.

9. By its very nature and the need to carefully assess the needs of each student prior to arranging a program of study, and the need to evaluate progress repeatedly, the College should develop considerable experience, knowledge and skill in designing and conducting examinations. This expertise could be useful to the National Dental Examining Board of Canada and the Royal College of Dentists of Canada, should these agencies elect to use it.
10. An educational institution of this nature would suffer in quality without a viable research program. Further, some kinds of dental research might be best carried out in a national centre rather than in universities. The College might emphasize research programs such as the development of systems of dental health services delivery, the testing of therapeutic methods or devices, and research in dental education itself. Such research would of necessity need to be backed up by some activities of a purely biological or technical character, although the major thrust of the research program would not be oriented in this direction, on the assumption that pure biological or technological research is best carried out in the universities.
11. It is suggested that the Canadian National College of Dentistry be located in the National Health Centre in Ottawa. This would place the College in desirable close proximity to the headquarters of the Canadian Dental Association, and possibly close to the central offices of the National Dental Examining Board of Canada and the Royal College of Dentists of Canada. The same site already contains the head offices of the Canadian Medical Association and the Royal College of Physicians and Surgeons of Canada. It will, in future, be the location for three large hospitals and a medical school. With these resources in a city the size of Ottawa, there should be no problem from the standpoint of patient supply.
12. A nucleus of permanent full-time staff would be needed and attracting staff to Ottawa should be no more difficult than obtaining staff anywhere, and should be considerably easier than in a number of other centres. In addition, some thought might be given to creating an environment in this new College in which staff members of existing dental schools could constructively spend time on a rotational basis, such as happens in the Science Council of Canada.
13. The Ottawa location thus seems to be the most advantageous for a National College of Dentistry, and for liaison with other national dental and other related agencies, as well as for the development of the kind of educational and research program that would be required. Indeed Ottawa may be the only place where such an institution could be established in this country.

Appendix 2

14. Once agreement was reached on the principle of establishing a dental school of this nature, many questions would remain of course. Although there are indications that considerable numbers of students (say 75 - 100) might receive training in the College each year, further data would have to be collected before serious planning of a plant could begin, and capital costs estimated. Potential enrolment would also have a major influence on staff requirements, and therefore on operating budgets. Even when these estimates were arrived at, the administrative and legislative problems of establishing and funding a national institution through federal action would still remain.
15. Such problems could be worked out however and, again assuming the desirability of establishing such an institution as a Canadian National College of Dentistry, the initiative to carry out the next step should be assumed by the Canadian Dental Association.

EXECUTIVE: Isadore Wolch, President, Winnipeg; Samuel Rosen, President-Elect, Hamilton; Pierre Dow, Secretary-Treasurer, Vancouver; Art Arshawsky, Past President, Toronto

R E P O R T

1. The annual meeting was held in Ottawa on October 1-2, 1971, to coincide with the CDA meeting. An outstanding scientific program was presented. Drs. Gaum and Cracow of Boston were the main clinicians ably assisted by Drs. Torneck, Smith, Weinstein, Peikoff and Weiner.
2. The 1972 annual meeting will establish an historic precedent. The Canadian Academy will hold a Joint Meeting with its American counterpart, the A.A.E., at the Queen Elizabeth Hotel in Montreal, April 13-16.
3. The annual cross-country Endodontic lecture tour, which has been so popular in the past, will be resumed in 1973. At that time it will feature our own Canadian talent.

4. Committee Chairmen:

Membership Chairman	Jean-Claude Giguere	Quebec
Constitution	Sam Rosen	Hamilton
Public Relations	Joe Merrell	Vancouver
Scientific Committee	Cal Torneck	Toronto
Transcanada Tours	Bruce Burns	Islington
Specialists	Norm Vickers	Hamilton
Children's Care	Jerry Smith	Toronto
Publications	Charles Aho	Toronto

5. Directors - Royal College of Dentists of Canada:

Al Thomson	Toronto
R. Tegard	Edmonton

The Endodontics Section is commended for its work during the year.

MEMBERS: R.M. Le Blanc, Chairman, Montreal; J.M. Darcy, St. John's; G.E. Decker, Edmonton; W.K. Martin, Regina; K.F. Pownall, Toronto.

R E P O R T

1. No special problem has been brought to the attention of the Council in recent months.
2. As the period between the two meetings of the Board of Governors is a brief one and as the new edition of the Code of Ethics and Commentaries is being distributed while this report is being written, the Council on Ethics is unable to assess the reaction of the profession.
3. Consequently, the Council regrets not being able to submit a more substantial report this year. However, additional explanatory commentaries and some amendments to the Code are under study and will be presented next year, if appropriate.
- . No Council meeting is foreseen in 1973 and, accordingly, no budget for such purpose will be required.

MEMBERS: L. Bernier, Chairman, Quebec; W.J. Spence, Toronto; J.E. Abra, Winnipeg; L.E. English, Kamloops; D.K. Peters, St. John's; H.M. Jolley, Toronto; I. Hrabowsky, St. Catharines.

R E P O R T

1. Council met four times since the 1971 annual meeting of the Board of Governors - in October and December 1971, and in March and May 1972.

APPOINTMENT OF COUNCIL CHAIRMEN

2. In accordance with a Board directive (1971T136) Council appointed the following Council chairmen to fill vacancies resulting from retirements.

Dr. R.A. Clappison, Toronto	- Headquarters Property
Dr. K.C. Bentley, Montreal	- Hospital Services
Dr. C.H. McCormick, Winnipeg	- Public Health and Preventive Dentistry.

AD HOC COMMITTEE ON BILINGUALISM

3. Council was directed to initiate a study of the use of our two national languages in the proceedings of this Association (1971T72). In response, Council appointed an ad hoc committee on bilingualism comprising Drs. I. Hrabowsky, chairman, S. Silver, and J. Casaubon.
4. The committee submitted a progress report and was asked to continue its studies. Three of the committee's original suggestions are being tried during the 1972 annual meetings, namely:
 - 1) simultaneous translations facilities available during sessions of the Board of Governors;
 - 2) at least one member of each reference committee to be a bilingual francophone;
 - 3) scientific sessions to be conducted in the language of the clinician with a good balance of English and French presentations depending on the geographic location of the meeting.

With reference to para 4(3), the Board requests that the ad hoc Committee on Bilingualism delete the qualification "depending on the geographic location of the meeting".

EXECUTIVE

POLICY DECISIONS

5. Council wishes to emphasize the importance of decisions made by the Board, particularly those of a policy nature. Resolutions or actions that change or reverse earlier decisions should be approved only after the subject in question has been thoroughly explored.

AGE OF CONSENT

6. Enquiries elicited the information that there was no uniform age throughout Canada's provinces, at which ordinarily the consent of a minor is legally valid for his or her own medical or dental treatment. As it was also learned that Attorneys-General and Ministers of Justice were attempting to establish uniformity in this matter, no specific action was contemplated on behalf of the Association, other than reporting to the membership on the situation as it applies in the different provinces. Dr. Compton included this information in the Journal Vol. 38, No. 3:p.91.

2ND NATIONAL HEALTH MANPOWER CONFERENCE

7. Dr. W.J. Dunn who represented the Association at the first National Health Manpower Conference in 1969, kindly agreed to fill this role again at the second conference in Ottawa, October 19-22, 1971. Dr. Dunn's excellent report included three top priority recommendations emanating from the conference:
 - 1) the formation of a National Health Council;
 - 2) the production of a series of Community Health Centres as demonstration models with suitable combinations of health personnel remunerated in such a way that the incompatibilities of the fee-for-service and salary are overcome;
 - 3) begin the process of making health sciences educational resources into national assets.
8. Council approved these three recommendations in principle, and directed that a letter be sent by the Executive Director to the Deputy Minister of National Health offering the co-operation of the Association in the formation and functioning of a National Health Council. The second recommendation was referred to the Council on Dental Services, and the third to the Council on Education for further study and recommendation in both instances.
9. Council also directed that recommendations 2) and 3) be studied further by an ad hoc committee of Council established to consider

the Association's involvement in National Health Programs. Recommendations will be included in Executive's supplemental report. (see paras. 102 and 103)

ACCREDITATION OF HEALTH SERVICES

10. Dr. L.O. Bradley, Executive Director, Canadian Council on Hospital Accreditation, and a member of the new National Health Accreditation Council, met with Council to explain increased interest on the part of the public and government in the quality of health services performed in both institutions and private offices, and to solicit the Association's support for the principle of voluntary health agencies, including dentistry, being as active as possible in the accreditation process. Council agreed to support other health agencies in soliciting a federal grant for the promotion of this concept.

ADA/CDA CONFERENCE

11. The fifth triennial conference of the trustees of the American Dental Association and members of the CDA's Executive Council has been arranged for September 11 and 12, 1972 in Toronto. These conferences are designed to inform both Associations of developments that are of mutual interest and concern. Previous conferences which have alternated between Toronto and Chicago have been considered of great value to both associations. The conferences therefore hold a high priority in program planning.

FDI CONGRESS - 1977

12. In 1971 the Board authorized Council to thoroughly explore the requirements and obligations of hosting the FDI Congress in 1977 and that if Council then judged that the Association could without undue organizational and financial obligations host the Congress, to extend the necessary official invitation (1971T93).
13. After making such a study, Council directed that an invitation be extended to FDI, on behalf of the Association, to hold the XVith World Dental Congress in Toronto, October 17-24, 1977. The invitation has been extended and Dr. Murray Cornish of Toronto has been invited to serve as Congress Chairman, should our invitation be accepted.

COUNCIL ON HEADQUARTERS PROPERTY

14. Council was directed to study the continuing need for a Council on Headquarters Property (1971T108). As a result of the study which was made in close consultation with the Headquarters Property

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Council, it is recommended that the Headquarters Property Council become a committee of the Executive Council.

Resolved:

That the Headquarters Property Council become a committee of the Executive Council; and

that subsequent appointments to the committee following completion of normal terms of incumbents be made by the Executive Council.

Adopted

CANADIAN DENTAL SERVICES PLANS INC. (CDSPI)

15. The re-organization of CDSPI, to which reference was made in the 1971 report of the Insurance and Investment Council (1971T121) has been completed. The corporate by-laws call for five directors, two to be appointed by CDA, two by the Ontario Dental Association, and the fifth by the other four directors.
16. Eligibility rules governing the appointment of directors by the two associations currently state that
 - 1) Directors should be drawn from national and provincial dental associations for which significant services (20% or more of the corporation's total activity) are provided by CDSPI.
 - 2) Directors should not be members of committees responsible for the national or provincial insurance and investment plans.
17. After receiving recommendation from the Insurance and Investment Council that two CDA directors be appointed to the CDSPI Board, in accordance with the eligibility rules, and that the appointments in the first instance be for a term of one year, with appointees eligible for re-appointment, Council appointed Dr. W.J. Spence and Dr. L. Bernier as CDA representatives to the new CDSPI Board for a term to expire June 30, 1972.

The Board of Governors is concerned with the CDSPI Board and to rectify the situation the following resolution is proposed:

Be it resolved

- 1) *That the CDA appointees to the CDSPI Board be knowledgeable in business and financial affairs;*
- 2) *That the terms of their office be for two years,*

and that they be eligible for three consecutive terms;

- 3) *That as do other autonomous organizations, the directors make reports and financial statements annually to the CDA Board of Governors.*

Defeated

The following substitute resolution is proposed:

Resolved -

- 1) *That the CDA representatives to the CDSPI Board be elected by the Board;*
- 2) *That the CDA representatives be knowledgeable in business and financial affairs;*
- 3) *That their term of office be for three years from August 1 to July 31, the fiscal year of CDSPI, with a limit of two consecutive three-year terms;*
- 4) *That the CDSPI directors report to the Executive Council as required and annually to the Board;*
- 5) *That in the interim the Executive Council appoint the two directors for a term to expire at the end of the next annual meeting.*

Adopted

HONORARY MEMBERSHIP

18. Council is pleased to nominate Dr. Robert Le Blanc for honorary membership in the Canadian Dental Association. Dr. Le Blanc as registrar/secretary of the College of Dental Surgeons of the Province of Quebec has made outstanding contributions to dentistry. He retires from the position July 1, 1972.

Resolved:

That the Board of Governors grants Dr. Robert Le Blanc honorary membership in the Association.

Adopted

HONORARY MEMBERSHIP POLICY

19. The shortcomings of the present methods of selecting honorary members were considered along with alternatives. After lengthy discussion Council agreed to recommend to the Board that instead of the present system by which the Council nominates and arranges for the presence of the nominee at the annual meeting, and the Board elects or does not elect as it sees fit after the nominee

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has been informed of his nomination, the full responsibility be left with Council.

20. Board members and corporate members were notified of this recommendation in a memorandum dated February 21, 1972.
21. The resolution calling for Board action in this respect is included in the report of the Constitution and By-laws Council, paragraph 12.
22. As a further improvement in the mechanism for selecting honorary members, Council endorsed and seeks the Board's approval of -

Resolved:

That the President through the Executive Director, in advance of the Executive Council meeting at which the matter is to be considered, invite the Corporate Member/s in the region in which the annual meetings are to be held, to submit a name or names to be considered for honorary membership. Further that the corporate member/s supply Council with background material on which to base a selection.

The Board of Governors does not agree with the above resolution and proposes the following substitute resolution:

Resolved

That the President in advance of the Executive Council meeting at which the matter is to be considered, invite the Corporate Members to submit a name or names to be considered for honorary membership. Further that the corporate members supply Council with background material on which to base a selection.

Adopted

RECOGNITION OF PAST PRESIDENTS

23. Council considered a number of proposals for recognizing the contributions made to the Association and to Canadian dentistry by Presidents of the Association, including honorary membership.
24. After receiving support for the proposal by past presidents who attended the 1971 Past Presidents' Breakfast meeting, Council, on the basis of authority allocated to it in Art.VI, Sec.8(1), agreed to give complimentary associate membership to all past presidents when they retire from active practice. Past presidents have been notified to this effect.

ASSOCIATE EDITOR

25. In September 1971 Dr. Marcel Tenenbaum who has served the Association well as Associate Editor since January 1, 1969, resigned due to pressure of other activities. He did however very kindly offer to continue his duties until a suitable replacement could be found.
26. Council established a search committee comprising Dr. Bernier, Dr. Compton and Dr. Bossé. Appropriate notices were inserted in the Journal of the Canadian Dental Association and the Quebec Dental Journal.
27. From a number of applicants, the search committee recommended Dr. Paul Simard, Quebec City, and Council was pleased to approve the recommendation.
28. Council has officially welcomed Dr. Simard to his new post and hopes he will find it an interesting and satisfying assignment.

DENTIFRICE ADVERTISING

29. In addition to approving the principle of the Association informing the public of the fact that some dentifrices have proven therapeutic value in decreasing the incidence of dental caries, while others do not (1971T162) the Board of Governors also recommended that a method of informing the public and the matter of providing its own testing facilities be the subject of further consideration.
30. Subsequent discussions with manufacturers and representatives of the ADA revealed the need for 1) a CDA authorized statement defining the area of usefulness of a recognized therapeutic dentifrice and 2) provisions governing the use of such statement by the manufacturers. A draft of proposed "Provisions" and "Statement of Usefulness" were submitted to the Health Protection Branch formerly the Food and Drug Directorate of the Department of National Health and Welfare and to the Council on Therapeutics of the ADA for comment.
31. After receiving endorsement from both the government and ADA agencies, Council approved the document entitled "Provisions governing the use of CDA authorized statements for Therapeutic Dentifrices" (see Appendix 1).
32. Procter and Gamble and Colgate-Palmolive have filed with headquarters, notarized statements describing the general formulation of their respective fluoride dentifrices.
33. A mechanism has been set up to enable 'spot' testing of these products in conjunction with the ADA.

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CONVENTIONS COMMITTEE

34. Dr. Murray Cornish of Toronto accepted the chairmanship of the Committee following the retirement of the former chairman, Dr. J.D. Purves.
35. The 1972 Convention is to be held with Les Journees Dentaires Du Quebec, a meeting sponsored each year by the Quebec Dental Surgeons Association. Dr. Claude Chicoine and Dr. Denis La Flamme both of Montreal agreed to co-chair the convention's local arrangements.
36. In an effort to overcome last year's complaint from some of the specialty sections that they had to register twice, once for their own section meetings and once for the general convention, an arrangement is being tried this year whereby the section members can register just once with their own section. If the member intends to participate in the general convention, his section will provide CDA with two-thirds of the general registration fee. For reference to the 1971 arrangement, see 1971T78.
37. The publicity program this year strongly resembles that preceding the 1971 Ottawa meeting, with three newsletters, followed by a special convention issue of the Journal. In addition, frequent mention of the convention plans has been made in regular issues of Journal of the Canadian Dental Association and in the Quebec Dental Journal.
38. Dr. Gilles Baril, Montreal, has assumed responsibility for the French content of the scientific program and Dr. Miet Kamienski, Toronto, the English component.
39. Dr. Irwin Margolese, Montreal, is chairman of the social functions and has arranged some very imaginative activities for this part of the program.

LADIES' AUXILIARY GROUPS

40. Council considered a formal request from the chairmen of the 1971 Ladies' Committee, and a Ladies' Auxiliary breakfast held during the 1971 Convention, that a Ladies' Breakfast organized by the Dentists' Wives Associations be held as an annual event.
41. After prolonged discussion, Council agreed that the 1972 and future national convention local arrangements chairmen be encouraged to co-operate with officially designated spokesmen of Dentists' Wives Associations in Canada, in arranging a breakfast or other function during national conventions, at which projects and programs of the existing Dentists' Wives Associations can be discussed; and that the function be self-sustaining; and that the Association's obligations in respect of the event be limited to the inclusion of appropriate announcements in pre-convention publicity materials and the convention program.

1973 ANNUAL MEETINGS

42. Dr. Don Marshall, Vancouver, has been appointed local arrangements chairman for the 1973 meetings to be held in Vancouver from October 11 -October 17.

1976 ANNUAL MEETINGS

43. In Council's 1971 report to the Board, the dates of September 27 - October 2 were recommended and approved for the 1976 annual meetings in Edmonton. On closer examination it was found that these dates would conflict with Jewish holidays. Necessary arrangements have been made with Edmonton hotels to change the meeting dates to September 12 - 18, which Council confirms for the 1976 meetings.

CONVENTION ACCOUNT

44. To facilitate the handling of preconvention and on-going convention expenses from year to year, Council authorized the establishment of a separate convention reserve account. Convention surpluses or losses will be applied to this account.

YOUTH SCIENCE FOUNDATION

45. Having considered the background information on the Youth Science Foundation as stated in Appendix 2 to this report, Council approved the principle of an annual membership fee to the Youth Science Foundation and directed that the amount of the fee (\$100) form part of the National Recruitment budget of the Council on Education.

COMPETITION ACT

46. Council gave further consideration to draft legislation for the Competition Act, Bill 256 (1971T90) and decided the Association should submit a brief to the Minister of Consumer and Corporate Affairs providing support for professionally recognized fee guides. The brief after being approved by Council was forwarded to Hon. Robert Andras.

QUEBEC'S DENTUROLOGIST ACT - BILL 266

47. The National Assembly of Quebec invited the Association through your President to comment on the proposed Denturologist Act. Although the date by which the Association's presentation had to turned in to the National Assembly did not permit obtaining Council's approval, a brief, which in essence supported the

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proposals of the Wells Ad Hoc Committee on Dental Auxiliaries regarding dental technologists, was prepared and submitted. Representatives of the Association will likely be called to discuss the brief before a committee of the National Assembly.

PUBLIC RELATIONS

48. After carefully reviewing protocol and jurisdictional considerations which tend to hamper the Association's public relations activities, Council agreed that the Association should be at liberty to take a public stand on dental issues in Canada in accordance with the Association's prevailing policies.

TAXATION COMMITTEE

49. In response to Council's request that the Taxation Committee give further study to incentives to small businesses as stated in Canada's new tax legislation, the committee consulted with both the Finance and National Revenue Departments. The outcome of the committee's discussions was reported to Council and has been distributed to the corporate members. The essence of the report states: "The key to dentists obtaining whatever tax benefits are available to small incorporated businesses lies with the professional licensing bodies, their regulations and the company law of the various provinces."

NEWS MEDIA

50. In accordance with the Board's wishes as expressed last year (1971T77), the news media were informed that on a trial basis their representatives will have access to the 1972 Board sessions. They are also to be supplied with news releases at a news conference to be arranged by the Association's Public Information Officer.

OFFICIAL OBSERVERS

51. In response to a request from the Canadian Dental Hygienists' Association, Council extended invitations to the CDHA and the Canadian Dental Nurses and Assistants Association to have official observers at the 1972 Board sessions and reference committee hearings.

BUREAU OF DENTAL STATISTICS

52. Reports on the 1968 Survey of Dental Practice and Survey of Recent Graduates have been completed and are available at headquarters.

53. Corporate members have been encouraged to provide the Bureau with suggestions as to the type of statistical information they would find most useful.
54. The number of inquiries directed to the Bureau continues to increase. They come from dentists, federal and provincial governments, dental associations, news media, students, dental supply companies, banks, insurance and investment companies, advertising and publishing companies, pharmaceutical companies, dental schools, libraries and private individuals.
55. Information requested covers a wide range of topics such as dental personnel, data from the survey of dental practice, auxiliaries, prepaid dental care, denticare, Dental Health Plan for Children, fees, graduates, enrolment in dental schools, applicants and applications to dental schools, incomes, expenses of practice, cost of dental services, utilization, and incidence of dental disease.

ASSOCIATION PRIORITIES

56. Following is a progress report on the 1971 Board directives which arose as a result of the report of the Ad Hoc Committee on Association Priorities (1971T86).
 - 1) The communications program has been given top priority. It has been expanded and reorganized under the general direction of the Editor, Dr. Compton. As recommended by both the Thorne Group Management Study and the Ad Hoc Committee, a news editor and a public relations director have been employed. Also the Journal production and advertising services formerly performed by an outside agency are now staff functions.
 - 2) A re-assignment of certain staff functions and the establishment of the office of Executive Secretary/Councils has improved the staff service to Councils and provided valuable administrative assistance for the Executive Director.
 - 3) Council appointed an ad hoc committee to thoroughly investigate the proposal of amalgamating the Auxiliary Services, Dental Services, and Public Health and Preventive Dentistry Councils. The corporate members have been consulted. The final recommendation will appear in Council's supplemental report to the Board. (see para. 80-84)
 - 4) An ad hoc committee was also appointed to oversee the purchase of the Ottawa property, select an architect, and develop building details. This report will also be included in the Council's supplemental report. (para. 67-78)

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- 5) Funds up to \$4000 were authorized if needed for the 1972 Students' Conference in Vancouver.
- 6) An appropriation of up to \$9000 was authorized to permit the acquisition of new television film clips and the production of a video tape or film program on dental health and modern dental techniques in 1972.
- 7) An additional \$1000 grant was allocated to the Canadian Fund for Dental Education during 1972.

BUREAU OF PUBLIC INFORMATION

57. Activities of the Bureau are outlined in Appendix 3.

EDITORIAL DEPARTMENT

58. Details of Journal circulation, and content, as well as other general information relating to the editorial department are recorded in Appendix 4.

CASSETTE EDUCATION SYSTEMS

59. Further to Council's report of last year (1971T88) arrangements have now been made with Medifacts to administer a CDA continuing education program using audio cassettes supplemented with visual components. The program is to be available in English and in French as soon as there are 1000 English and 200 French subscribers.
60. Dr. George Beagrie has agreed to act as dental editor for the program and Dr. G. De Montigny will provide the French translations.

CONFERENCE ON CONTINUING EDUCATION

61. The Association has been successful in obtaining a National Health Grant in the amount of \$16,089 to fund a Conference on Continuing Education as presented to and approved by the Board in 1971 (1971T92). The Conference is now scheduled for September 25-27, 1972 in Toronto.

EMBLEM FOR INTERNATIONAL DENTISTRY (see also para. 92-94)

62. Council noted that the Federation Dentaire Internationale is seeking an emblem for International Dentistry and has invited competitive submissions to be judged by the FDI General Assembly when it meets in Mexico City in October 1972.

63. Council took the decision to enter the emblem for dentistry in Canada approved by the Board in 1968 (1968T81) in the competition.
64. Our entry has been forwarded to FDI.

DENTAL MECHANICS

65. Realizing that dental mechanics have gained the right to deal directly with the public in several provinces and are gaining public and governmental support in several others, Council reiterates its support for the recommendations regarding dental technologists as contained in the report of the national Ad Hoc Committee on Dental Auxiliaries (1970) and as expressed in the Association's news release on the subject (December 1971 - see Appendix 5).
66. Council further suggests that the dental profession at all organizational levels takes the initiative in arranging discussions with dental technicians and governments in an effort to develop dental health programs that will be in the best interests of the public and other concerned parties.

PROPOSED CDA HEADQUARTERS IN OTTAWA

67. The "Canadian Dental Association Headquarters Organizational Review - January 1971" conducted by the Thorne Group Ltd., Management Consultants, stated that facilities available at headquarters were not adequate to implement its recommendations and therefore a move of some sort should be considered (1971 - T79).
68. An ad hoc Committee on Association Priorities after in-depth study of the "Organizational Review" and other aspects of the Association's activities recommended that a new headquarters building be constructed on National Capital Commission property on Alta Vista Drive in Ottawa (1971T103).
69. Supporting reasons for this recommendation are:
 - 1) the present headquarters building is no longer adequate to house essential staff;
 - 2) most other national health associations are now located in Ottawa;
 - 3) strong recommendations from national health associations now located in Ottawa, that there are significant, political advantages to be gained by being in the national capital;

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- 4) each year the construction of a new building is delayed, the costs escalate by approximately 8%;
 - 5) the property selected as most suitable for a new headquarters must be built on within three years or returned to the National Capital Commission at the purchase price.
70. On the basis of the above, the Board of Governors directed that the specific property be purchased and that Council develop building details for presentation to the Board in 1972 (1971T88).
 71. In response to the above directive, Council working through a building committee, and with the assistance of the Association's solicitor when indicated, proceeded with soil tests, survey, offer to purchase, selection of an architect, development of building details with the architect, an application for license in mortmain, and other steps incidental to acquiring the property and obtaining the City of Ottawa's permission to build.
 72. Mr. G.E. Wilson, the architect, after spending several days at headquarters studying our entire operation, has worked with the committee diligently and most co-operatively to design a building around the functional requirements of the Association. The design takes into consideration immediate needs, short term expansion and long term expansion, as well as making provisions for additions to the building in the distant future.
 73. Mr. Wilson is available to explain the essential characteristics of the proposed building and to comment on his drawings, sketches and model.
 74. Car park regulations in Ottawa require one parking space for each 500' of office space. Mr. Wilson pointed out that if additions to the building at some future date were desirable, they would be prohibited for lack of parking space, and advised that if obtainable, an option be taken on an additional 25' of frontage along Alta Vista Drive.
 75. Council approved and directed effort be made to obtain such an option. The National Capital Commission has fortunately given the Association this option at the same price per square foot as charged for the initial property. The option terminates on June 30, 1972.

76. Preliminary cost estimates are:

Land - original purchase	\$	71,000
- additional 25 ft		7,000
Building (including landscaping) architect's estimate		850,000
Architect's fees		55,000
Cost of sewers		15,000
Furniture and fixtures		69,000
Moving - office and staff		10,000
Legal fees		<u>4,000</u>
		1,081,000
<u>Less</u> - 234 St. George Street	\$215,000	
Reserve Funds	<u>75,000</u>	<u>290,000</u>
TO BE FINANCED	\$	<u>791,000</u>

77. After considering the various methods of financing, including mortgages, debentures and lease-back arrangements, it is recommended that mortgage money be used to fund the proposed building. Additionally, it is recommended that a campaign be conducted for Building Fund donations in order to reduce interest charges

78. The following resolutions are presented for Board approval:

- 1) That the erection of a new CDA headquarters building on Alta Vista property in Ottawa be approved.

Adopted

- 2) That the basic building design as presented by Mr. Wilson be approved.

Adopted

- 3) That the proposed building be financed by the sale of the present property; by withdrawing \$75,000 from the reserve fund; by donations; and by making up the difference with borrowed funds obtained at the lowest possible rate of interest.

Adopted

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- 4) That a campaign be conducted for Building Fund donations.

Adopted

- 5) That borrowed funds not exceed \$800,000 without further authorization by the Board of Governors.

Adopted

- 6) That construction be started as soon as financing and other details can be arranged. Financial arrangements will be considered satisfactory when over a 3 year period total carrying charges calculated after determining - final building costs; donations; interest on borrowed capital; normal capital repayment and other related building costs can be paid from corporate member grants, based on \$65 per licensed dentist, without seriously interfering with ongoing activities of the Association. Thereafter it is assumed that a minimum increase of \$10 per licensed dentist will be required to carry continuing building operating costs and existing CDA programs.

Defeated

The Board does not agree with the resolution as submitted, and proposes the following resolution:

- 6) *That construction be started as soon as financing and other details can be arranged.*

Adopted

- 7) That the Association purchase the additional 25' of frontage on Alta Vista Drive in order to allow for building expansion at some future date.

Adopted

- 8) That interim financing be authorized to carry through the transitional period.

Adopted

(NOTE: In support of the project and as a means of assisting the financing, Dr. J.F. Reid read the following resolution on behalf of the College of Dental Surgeons of British Columbia:

"Resolved that the use of College (of Dental Surgeons of British Columbia) reserve funds to support the building of a new CDA headquarters in Ottawa be approved and that the British Columbia delegates to the CDA be asked to report this resolution to the 1972 CDA annual meeting."

This was followed by Dr. R.A. Gray of Alberta, and Dr. F.T. Wihak of Saskatchewan, informing the Board that their respective corporate bodies had approved similar resolutions and had directed that the CDA Board be so informed.)

OFFICIAL REPRESENTATIVES

79. Distinguished visitors who are attending the 1972 annual meetings as official representatives of their respective organizations are:

Dr. and Madame Louis J. Baume - Geneva, Switzerland
Guest clinician and Vice-President, Federation
Dentaire Internationale.

Dr. and Mrs. Harold Hillenbrand - Chicago, USA
President, FDI and Executive Director Emeritus,
American Dental Association.

Dr. Jean Jardine - Strasbourg, France
President, L'Association Dentaire Francaise.

Mr. and Mrs. Gwynn Lloyd - Llanelli, South Wales
President-elect, British Dental Association.

Dr. and Mrs. H.D. Roberts - St. John's, Newfoundland
President, Canadian Medical Association.

Miss Elaine Wesley - Lethbridge, Alberta
Chairman, Council on Certification, Canadian
Dental Nurses' and Assistants' Association.

Mrs. Linda Zambolin - Halifax, N.S.
President, Canadian Dental Hygienists' Association.

AMALGAMATION OF COUNCILS ON AUXILIARY SERVICES, DENTAL SERVICES AND PUBLIC HEALTH & PREVENTIVE DENTISTRY

80. The Association's ad hoc committee on priorities recommended the amalgamation of the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry (1971/87).

81. The Board of Governors responded to this recommendation by requesting the Executive to solicit the opinions and advice of the corporate members before action is taken.
82. After requesting comments on the proposed amalgamation from the three named Councils and from the corporate members the Executive Council assigned to a committee consisting of Drs. I. Hrabowsky, P.E. Currie, and E.F. Allison the task of developing terms of reference for the proposed new Council on Dental Health Care.
83. The committee's suggestions for terms of reference for the proposed new Council are shown in Appendix 6.

To cover paragraphs 80 - 83, the Board submits the following resolution:

Be it resolved -

That the Councils on Auxiliary Services, Dental Services and Public Health and Preventive Dentistry be amalgamated to form one new Council to be known as the Council on Health Care.

Adopted

84. Council endorses and recommends for Board approval the following resolution:

- 1) That the proposed terms of reference for the new Council on Dental Health Care (see Appendix 6) be approved in principle and referred for refinement to an interim Council on Dental Health Care and to the Council on Constitution and By-laws; and
- 2) That the interim Council on Dental Health Care consist of the full membership of the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry; and
- 3) That the Council on Constitution and By-laws present the refined terms of reference for Board approval at the 1973 annual meeting; and
- 4) That in the refinement of the terms of reference consideration be given to:
 - a) need for and details of an internal committee structure;

- b) staggered terms for the initial membership of the Council in order to ensure future continuity of policies and actions;
 - c) personal responsibilities of individual members of the Council to the Council and to their respective corporate members; and
- 5) That the 1972-73 meeting of the interim Council on Dental Health Care consist of a three-day meeting, the agenda to be jointly arranged by the chairmen of the three Councils, each to chair the meeting for one day.

The Board recommends that this resolution be amended as follows:

- 1) *That the proposed terms of reference for the new Council on Health Care (see Appendix 6) be approved in principle and referred for refinement to an interim Council on Health Care and to the Council on Constitution and By-laws.*
- 2) *That the interim Council on Health Care consist of the full membership of the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry.*
- 3) *That the Council on Constitution and By-laws present the refined terms of reference for Board approval at the 1973 annual meeting.*
- 4) *That in the refinement of the terms of reference consideration be given to:*
 - a) *need for and details of an internal committee structure;*
 - b) *staggered terms for the initial membership of the Council in order to ensure future continuity of policies and actions;*
 - c) *personal responsibilities of individual members of the Council to the Council and to their respective corporate members.*
- 5) *That the 1972-73 meeting of the interim Council on Health Care consist of a three-day meeting, the agenda to be jointly arranged by the chairmen of the three Councils.*

Adopted

EXECUTIVE

SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

85. The annual report from the Library trustees has heretofore adopted the format of a Council or Section report and been submitted as an individual report to reference committee and the Board.
86. The Library Trust Deed stipulates that the trustees must report to the Association annually but since the operation of the library is essentially an administrative function, Council is of the opinion that a more effective and efficient supervisory and reporting mechanism will result if the Library trustees report through Council to the Board. This method of reporting is not contrary to the regulations set down in the Library Trust Deed.
87. The 1972 Library report has therefore received Council's attention and is included as Appendix 7 for the information of the Board.

CONVENTIONS COMMITTEE (see also paras. 34 - 43)

88. It has been determined that the dates previously selected for the Board meetings in Vancouver in 1973 conflict with the Jewish New Year, necessitating a change.
89. The Board meetings will now be held October 11, 12 and 13, 1973 and the convention dates will be October 14 through 17.
90. On the recommendation of the Conventions Committee, the following locations for future annual meetings have been confirmed and/or tentatively approved:

1973:	Vancouver	1979:	Quebec
1974:	Windsor	1980:	Halifax
1975:	St. John's	1981:	Regina
1976:	Edmonton	1982:	Toronto
1977:	Toronto	1983:	Vancouver
1978:	Vancouver	1984:	Montreal

91. Dr. Murray Cornish, chairman of the Conventions Committee, expressed his appreciation for the co-operation he has received this year from Dr. C. Chicoine and Dr. D. Laflamme, co-chairmen of the local arrangements committee, and all their committee members. He further indicated the 1972 convention with Les Journees du Quebec should be a memorable one for all who attend.

WORLD SYMBOL OF DENTISTRY

92. The Board was informed last year that the FDI General Assembly authorized an international competition for a world symbol of dentistry (1971T99).

93. Council directed that the symbol for dentistry in Canada be entered in the competition.
94. Word has been received from Dr. Gerald Leatherman, FDI Executive Director, that from a large entry list the Canadian symbol was among the top six chosen by the judges. It did not, however, make the top three from which the final selection will be made by the General Assembly at the FDI Congress in Mexico City next October.

CDA CARIBBEAN DENTAL AID PROGRAM

95. Dr. George Burgman, chairman of the CDA Caribbean Dental Aid Program, reports that two islands - St. Lucia and Montserrat - are now requesting the services of volunteer dentists on a fairly regular basis.
96. Canadian Executive Services Overseas has now turned over administrative responsibility for the program to the Canadian International Development Agency (CIDA).
97. CIDA in turn has requested that CDA administer the Caribbean Dental Aid Program and has asked the Association to develop a budget that will cover the pertinent costs.
98. An appropriate budget has been presented to CIDA. While a reply is expected momentarily, none had been received when this report was being prepared.

AUDITORS

99. The firm of Thorne, Gunn, Helliwell and Christenson has been appointed auditors to hold office until the first meeting of the Council in 1973.

EXPENSE POLICY: travel by personal automobile

100. Recognizing that the Association's policy of paying ten cents per business mile for travel by personal automobile was totally inadequate for present-day operating costs, Council authorized that commencing March 15, 1972, reimbursement should be at the rate of fifteen cents per business mile, not to exceed the equivalent plane or train fare as described in the Association's expense policy.

COMMEMORATIVE GIFTS TO OFFICIAL REPRESENTATIVES AT ANNUAL MEETINGS

101. As a gesture of goodwill and fellowship, Council directed that small commemorative gifts be procured and presented to official

representatives of other national and international dental organizations invited to represent their respective organizations at CDA Annual Meetings.

CDA INVOLVEMENT IN NATIONAL HEALTH PROGRAMS

102. Following the Board's directive (1971T28), Executive Council appointed an ad hoc committee comprised of Dr. W.J. Spence (chairman), Dr. P.E. Currie, Chairman of the Council on Dental Services, and Dr. G. Lie to study and make recommendations on matters of principle with regard to CDA's involvement in national health programs. The committee's report is attached as Appendix 8.

Appendix 8, paragraph 1(3) "General Principles" reads:

The Canadian Dental Association should vigorously seek representation on the various National Health and related Agencies on the basis of the contributions that dentistry can and should make to them.

The Board recommends that Appendix 8, paragraph 1(3) "General Principles" be amended to read:

Resolved -

That CDA vigorously seek autonomous and equal representation on the various National Health and related agencies on the basis of the contributions that dentistry can and should make to them.

Adopted

103. The following resolution is presented for Board approval:

That CDA's involvement in national health programs be guided by the General Principles, Priorities and Guidelines enunciated in Appendix 8.

The Board recommends that this resolution be amended as follows:

Whereas the importance of dentistry as a health service has long been recognized and

Whereas dentistry and therefore, the Association are becoming increasingly involved in relating to allied health services and to governments at all levels,

Be it resolved

That CDA's involvement in national health programs be guided by the General Principles, Priorities and Guidelines enunciated in Appendix 8, as amended.

Adopted

CONSTITUTION AND BY-LAWS AMENDMENTS

104. The Board's attention is drawn to paragraphs 1-7 in the report of the Council on Constitution and By-laws. The federal Department of Consumer and Corporate Affairs has indicated to the CDA that certain amendments to its Constitution and By-laws are required to bring the Association under the provision of the Canada Corporations Act and eliminate the \$500,000 real estate limitation stipulated in our present Constitution.

Ed. Note: A re-draft was prepared by the Association's lawyers. While the Board considered the principle of the changes, the wording is to receive further consideration both by government and Council on Constitution and By-laws. It is therefore not included in these Transactions but is available on request.

105. Council carefully reviewed and approved the proposed changes. While the current revision can be considered a formality which will allow the CDA to conform to government regulations but otherwise not alter the present procedures, the Board's attention is drawn to the creation of a new category of voting corporate member. The final wording will, of course, be incorporated in the revised by-laws.

106. Be it resolved

- 1) That the Association be and it is hereby authorized to make an application to the Department of Consumer and Corporate Affairs to be continued as a Corporation without share capital under Part 2 of the Canada Corporations Act;
- 2) that the appropriate officers of the Association be and they are hereby authorized to execute all documents and do all things and acts whether under the corporate seal or otherwise in order to give effect to the foregoing.
- 3) that the principles of the changes in the By-laws of the Association as required by the federal government, in order to continue the Association under Part 2 of the Canada Corporations Act, be approved; and

- 4) that the Council on Constitution and By-laws be charged with the responsibility of working with the Association's solicitor, and the Department of Consumer and Corporate Affairs in Ottawa in finalizing the wording of the By-laws according to the approved principles.

Adopted

TREASURER

107. Executive Council, with an expression of pleasure and appreciation, re-appointed Dr. J. Bruce Taylor as Treasurer of the Association for a second term of three years, subject to ratification by the Board.

RELATIVE VALUE METHOD OF FEE DETERMINATION (see also Council on Dental Services #8 - 10)

108. The RVM of determining fees was officially approved by the Association in 1965 (1965T21). Since that time the system has been employed by most provinces when provincial fee guides were established.
109. Although widely used, the RVM as approved by the CDA has recognized shortcomings. In order that the method be as defensible as possible and fair to all concerned, it is obviously desirable to eliminate the shortcomings by improving the RVM formula.
110. Stevenson & Kellogg Ltd., a management consultant firm, has done some preliminary studies in British Columbia on the basis of which they believe they could assist the dental profession in improving the formula.
111. The subject was discussed at the March 1972 meeting of the Council on Dental Services at which it was decided to invite Stevenson & Kellogg Ltd., to provide a detailed proposal for revising the relative value formula for fee determination.
112. A summary of the Stevenson & Kellogg Ltd. proposal appears as Appendix 3 in the report of the Council on Dental Services.
113. Following Executive Council's study of the summary as well as the full program recommended by Stevenson & Kellogg Ltd. Council stated it is not satisfied that the benefits would justify the required expenditures. Therefore, the Council on Dental Services was requested (1) to study the specific proposals made by Stevenson & Kellogg Ltd., (2) to consider alternate methods for improving the RV formula; (3) to review similar studies made elsewhere and (4) report its recommendations back to Council as early as possible.

ACCREDITATION

114. Council examined an enquiry recently received from the Deputy Minister of Health, Department of National Health & Welfare inviting the Association's comments on the desirability, feasibility and role of a Canada-wide co-ordinating agency concerned with the development of high quality health manpower and services.
115. The Association's agreement with the need for co-ordination and collaboration in the accreditation field and its willingness to participate and otherwise assist in the establishment of a central co-ordinating agency will be transmitted to the federal government.

EDITOR

116. Executive Council accepted with great regret the resignation of Dr. F.H. Compton as Director of Communications and Editor of the CDA Journal. Procedures for his replacement will be considered at the June 6 meeting of the Council.

On motion from the floor

That the Board of Governors notes with regret the resignation of Dr. F.H. Compton as Director of Communications and Editor of the CDA Journal and expresses to Dr. Compton its sincere appreciation for his years of excellent service to the Association.

Adopted

EXECUTIVE DIRECTOR

117. Council unanimously adopted, with pleasure, the following resolution:

"That the Executive Council express its commendation and sincere appreciation to the Executive Director for his knowledgeable and skilful leadership in the Association's affairs."

Appendix 1

PROVISIONS GOVERNING THE USE OF CDA AUTHORIZED STATEMENTS
FOR THERAPEUTIC DENTIFRICES

The Canadian Dental Association gathers and disseminates information to assist the dental profession and the public in the selection and use of reliable therapeutic dentifrices. In identifying such products, the Association is guided by evaluations of the Food and Drug Directorate of the Department of National Health and Welfare, the Council on Dental Therapeutics of the American Dental Association, and the CDA Council on Research. Therapeutic claims are usually recognized for three years. Recognition is renewable and will be reconsidered at any time. If ownership or composition of the dentifrice changes, the period of recognition expires automatically.

Following are the general provisions for such recognition:

1. COMPOSITION

- A. Required Information: A quantitative statement of composition, including excipients, shall be provided. Adequate information on the properties of all ingredients shall also be provided.
- B. Change in Composition: The firm shall notify the Association of any change in composition of a recognized dentifrice before the modified product is marketed.
- C. Standards or Specifications: Ingredients shall conform to appropriate Canadian standards or specifications.

2. NAME

- A. Established or Generic Names: The selection and use of established or generic names must conform to the Proposed International Non-Proprietary Names, Approved Names of the British Pharmacopoeia Commission, or Non-Proprietary Names recognized by the National Formulary or US Pharmacopoeia.
- B. Trade Names: Proprietary names are acceptable provided
 - (1) They are not misleading and
 - (2) Titles such as "Doctor" or "Dentist" or the designation "DDS" or "DMD" are not included in the name of a product.

3. EVIDENCE OF USEFULNESS AND SAFETY

- A. Submission of Evidence: Evidence pertaining to properties, actions, dosage, usefulness and safety shall be submitted by the firm.

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- B. Nature of Evidence: The firm shall provide objective data from critical clinical and laboratory studies. Extended clinical experience may be utilized, in part, as a basis for evaluation of the product.

4. GOVERNMENT REGULATIONS

Dentifrices shall conform to applicable Canadian laws and governmental regulations.

5. ACCEPTANCE BY AMERICAN DENTAL ASSOCIATION

Identical therapeutic dentifrices marketed in Canada and the United States and accepted by the Council on Dental Therapeutics of the American Dental Association are eligible for recognition by the Canadian Dental Association provided

- (1) The Canadian and American products are identical in all respects, and
- (2) The Canadian manufacturer or distributor furnishes an affidavit which incorporates the preceding provisions for recognition.

6. PROMOTIONAL MATERIAL

- A. Name: The established or generic name of the product shall be displayed in a prominent manner in all promotional material directed to the dental profession.
- B. Claims: Claims of significance to dentistry that appear in labels, labelling, packaging or advertising for dentifrices shall be clear and accurate.
- C. Unacceptable Claims: Advertising shall not include any claims which are unacceptable to the Food and Drug Directorate of the Department of National Health and Welfare and to the Canadian Dental Association.
- D. Unwarranted Disparagement: Advertising of accepted products shall not result in the disparagement of other dentifrices.
- E. Implied Acceptance: Recognized therapeutic dentifrices shall not be advertised or displayed with other products in a manner that implies recognition of these other products. This provision does not apply to conventional price lists or catalogues.

Appendix 1

- F. Use of Canadian Dental Association Name in Advertising or Sales Promotion: The name of the Association may not be used in advertising or sales promotion without special authorization. Journal advertisers may not state in other trade or consumer advertising or promotion that a given product is advertised in the Journal of the Canadian Dental Association.
- G. Authorized Statement of Usefulness: In appropriate circumstances the Association may issue a statement to define specifically the area of usefulness of a therapeutic dentifrice. Such a statement will specify that "(Brand X) has been shown to be an effective decay-preventive (anti-carries) dentifrice that can be of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. - Canadian Dental Association." The statement may only be used after such recognition has been announced in the Journal of the Canadian Dental Association. The statement shall not appear in conjunction with seals or statements of acceptance of any other investigative group unless approval for such display has been obtained from the Association.
- H. Discontinuation of Authorized Statements: In the event that a dentifrice is no longer recognized by the Association as having therapeutic value, all use of the authorized statement in connection with the dentifrice must be discontinued within three months of the date of notification of the firm by the Association.

7. CHANGES IN PROVISIONS

Any amendment to these provisions which may be made after recognition of a dentifrice shall not apply to such dentifrice until the current period of recognition has terminated. At the end of this period, the dentifrice must comply with the amended provisions if recognition is to be renewed. This provision shall not apply to termination of recognition of a dentifrice on the basis of new evidence regarding lack of safety or lack of usefulness.

Appendix 2YOUTH SCIENCE FOUNDATION: membership dues

Since 1962 the Canadian Dental Association has been one of the sponsors of the Youth Science Foundation, a non-profit organization which promotes extra-curricular science activities among secondary school students. The Foundation holds an annual Canada-wide Science Fair in which finalists from some sixty-five regional science exhibitions participate. The CDA offers two awards of \$100 each judged by a local member of the dental profession to be worthy of recognition. Some local and occasionally national press coverage accrues; certificates are presented to the winners and to the schools attended by such winners in the name of the Canadian Dental Association.

The Youth Science Foundation has now found it necessary to levy membership fees which would augment the operating revenues of the Foundation. A significant portion of their revenue is derived from philanthropic contributions of Canadian corporations and funding institutions. In spite of a reduction in dependence upon philanthropic support through the introduction of self-sustaining programs, these contributions continue to play a vital role in the financial viability of the Foundation. In the fiscal year, August 1, 1971 to July 31, 1972 about 35% of its total income is expected to come from this source.

The Board of the Foundation has now determined that it will also be necessary for them to levy a small and token annual subscription of member societies to provide evidence to philanthropic organizations of the degree of financial input received from member associations.

Membership fees have, therefore, been structured as follows:

Scientific, engineering and technical societies or federations
of societies representing 4,000 members or more: annually \$ 100.

Similar organizations of less than 4,000 members: annually \$ 50.

Corporate members: annually \$ 100.

Sustaining members: annually \$ 100.

It may be recalled that the "National Public Relations Program Developed For the CDA and the Dental Profession by Carleton Cowan Public Relations Ltd." advocated increased participation in the affairs of the Youth Science Foundation.

Appendix 3

COMMUNICATIONS

Public Information

1. Fluoridation is a subject that continues to make demands on the Association from both the profession and the public. There is still widespread lack of basic knowledge about fluoridation's effectiveness and safety, and a new type of opposition seems to be developing in the seventies.
2. To meet this need, Mr. Bowen was relieved of all other duties at the end of last year and appointed Fluoridation Officer within the Bureau of Public Information. He has organized a Fluoridation Section with subject files so that needed information can be provided quickly. He has also revised the popular pamphlet "Facts Favour Fluoridation" and either updated or replaced most items in the much requested information kit. He has provided assistance to dentists, hygienists, teachers and university professors. Recently, much time was needed to assist those in Montreal and Quebec who are dealing with proposed legislation and with the stiff opposition which has developed.
3. Telephone calls and written requests from dentists, members of the public and others for pamphlets, addresses and all kinds of information take up much of the time of the Public Information Officer.
4. On the subject of pamphlets, the Association now has nine in the new style. These are available in English and French. Four other old style pamphlets are in varying stages of revision. Two suggestions for new pamphlets on "Pharmacotherapeutics" and "Flossing" are under consideration by the Council on Public Health and Preventive Dentistry. Total pamphlet sales in 1971 exceeded 630,000.
5. The Association now offers through its film distributor six films for lay audiences and three films for the profession. The film "Think About It/Pensez-Y," produced by dental students for the CDA, has been well received, with approximately 38 prints sold to date. Because many parties just wish to view the film without necessarily purchasing it, two prints are now available for booking through our film distributor.
6. A new film entitled "Prescription:Prevention," produced and donated to us by the Procter & Gamble Company of Canada Limited, is expected to be widely received by young adults. If its

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acquisition is approved by the Council on Public Health and Preventive Dentistry, this film will also be placed with our film distributor.

7. In 1971 there were 599 showings of our films with close to 30,000 viewers.
8. Although we still occasionally receive notification from television stations when they carry one of our spot announcements, these film clips which the CDA has provided in years past are now outdated. Regrettably, a \$9,000 appropriation for new films and film clips was eliminated from the 1972 budget. However, the Board of Governors identified this item as Number 4 in a list of priorities for re-instatement if unexpected revenue is forthcoming or if expenditures are less than anticipated. In the meantime, we are investigating other possibilities for obtaining new film clips.
9. The Bureau recently provided its 100th "Dental Topics" column since the first mailing to over 184 weekly newspaper offices across Canada began in March of 1970. Formerly written by Carleton Cowan Public Relations, this column is now produced internally by the Bureau. We are also looking for a dentist who could write a weekly column on dentistry for major daily newspapers in Canada.
10. Although films and the production of pamphlets continue to receive the attention they demand, the Bureau will, by taking on duties formerly performed by Carleton Cowan, expand its responsibilities. External communications with governments, news media and the public are some of the areas with which the Bureau will be particularly concerned.
11. The most significant current public issues are fluoridation and the delivery of dental care (including denture service, fees, and the role of auxiliaries). It is in the area of delivery of dental care that the profession is most vulnerable to criticism. This is an area in which the profession must constantly take the initiative, formulating innovative changes that meet the aspirations of the public without sacrificing fundamental principles to which the profession subscribes. Without these vital ingredients we are building public relations on the sand.

Appendix 4

EDITORIAL DEPARTMENT

1. The monthly circulation of the Journal in 1971 averaged 8,926 and entailed the printing of 107,112 copies during the year.
2. The overall content for the year amounted to 916 pages. Advertising pages numbered 442. To this must be added the Convention Guide which contained 18 advertising and 29 text pages.
3. Text content in regular Journal issues occupied 474 pages. There were 61 articles of all categories (227 pages), 17 contributions to the "Dialogue" section, and 12 reports by the Executive Director. Editorial pages numbered 24 and contained 31 individual editorials. Forty-three new text books were reviewed in the Journal and 50 letters to the editor were published.
4. Seventy-six per cent (360 pages) of the text content was printed in English and 23 per cent (114 pages) in French, maintaining the relevant balance of the previous years.
5. Production of the Governors Letter in English was supplemented by the introduction of a French language version, La Lettre des Gouverneurs. These two publications go to some 650 recipients in official positions.
6. Other publications of the Editorial Department included a series of three promotional news letters for the 1971 national convention (published in English and French editions) and two bilingual issues of a daily convention bulletin.
7. Last year the Executive Council directed that convention exhibit sales, Journal advertising and related services become a staff function. An Advertising Manager, Mr. J. H. Robinson, and a production co-ordinator, Mr. Peter Dawes, were engaged for these purposes. They have taken over services formerly performed by Gordon V. Allen Publications.
8. Miss Diane Charter, who was formerly employed with the Canadian Hospital Association and more recently with Southam Business Publications, has been engaged as News Editor. Apart from her contributions to the Journal, Miss Charter has also concentrated her attention on the writing and production of promotional material for the 1972 national convention.
9. On March 1, 1971 the Journal experienced a 6 per cent increase in printing charges. A further 5 per cent increase became

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effective on January 1, 1972. Steadily rising costs of production and mailing dictate the need for review of our current advertising rates which were set in May 1970.

10. The Association has renewed its copyright to cover 1972 issues of the Journal. The serial number is 229504.

Appendix 5

CANADIAN DENTAL ASSOCIATION

NEWS RELEASE:

Issued December 16, 1971

STATEMENT ON DENTAL TECHNOLOGISTS

Toronto -- In order to expand the provision of denture services to the public, the Canadian Dental Association today announced that, in keeping with its policy on dental auxiliaries adopted last year, it believes that dental technologists, as defined by the Ad Hoc Committee on Dental Auxiliaries (Wells Committee), should be considered auxiliaries.

In its policy statement of last year, the Canadian Dental Association said that it is the prerogative of the dentist, subject to his licensing authority, to delegate to formally trained auxiliaries over whom he exerts effective supervision and control such duties as do not require the professional knowledge and skill of the dentist exclusively.

The Wells Committee, a federal group chaired by the Hon. Dalton C. Wells, Chief Justice of the Supreme Court of Ontario, recommended that the duties of dental technicians be defined in provincial dental acts as including the fabrication, reproduction or repair of prosthetic appliances, as prescribed by a dentist.

It further recommended that these technicians could become technologists after completing additional accredited educational and training programs. Technologists could, on prescription by a dentist, perform the fabrication and fitting of complete dentures directly for the public. They would work only in dental offices and clinics under the supervision of a dentist.

The Canadian Dental Association stated that if the recommendation of the Wells Report were implemented as contained in the report, it would mean the service offered to the public in this regard would be of the highest quality, ensured through the proper training of technologists and supervision by the dentist. It would also be rendered at the lowest possible unit cost and it would be provided with complete regard for the health and safety of the patient.

Use of dental technologists could relieve the dentist of certain duties involved in this area and enable him to devote more time to those aspects of dental services which require his unique skills.

The Canadian Dental Association explained that recognition has already been given to the importance of the role of the technician through the Canadian Fund for Dental Education. This fund, financed largely through the contributions of Canadian dentists, is currently providing scholarships for students attending a dental technicians' course at George Brown College of Applied Arts and Technology in Toronto.

Appendix 6

COUNCIL ON DENTAL HEALTH CARE

It shall be the duty of the Council on Dental Health Care:

- 1) to study plans and programs for health services particularly those designed to improve the dental health of the people of Canada. The compilation of this information shall be the duty of the CDA Bureau of Dental Statistics;
- 2) to study the need for and development of auxiliary dental personnel. Relations with dental laboratory technicians are to be considered by this Council;
- 3) to prepare recommendations based on the above-mentioned studies;
- 4) to assist corporate members, when requested, concerning matters relating to these duties;
- 5) to study information relating to the economics of delivery of dental health services. Obtaining and compiling of this information shall be the duty of the CDA Bureau of Dental Statistics;
- 6) to cause to be established and maintained a Canadian dental health index.

Appendix 7

REPORT OF THE SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

Library Trustees: E.R.W. Bilkey, Toronto; CDA President; and
CDA Executive Director
Librarian: Miss Colette Gagnon

1. Published material being more and more expensive, only 144 of the best textbooks were purchased during the year, bringing the Library total to 5,696 volumes.
2. Twelve and one-half per cent more books were borrowed from the Library this year than last year. The periodicals were used as much as usual.
3. As requested, the periodical department is being revised. Quite a few medical periodicals have already been directed to a new Medical Library at Waterloo Lutheran University and more will be forwarded this summer. At just about the same time, the infrequently used foreign dental periodicals will be shipped to the National Science Library of Canada.
4. The list of periodical exchanges is also being revised and, gradually, we are cancelling exchanges with those who do not show enough co-operation. This work should be finished by autumn and then we expect to have enough room left in the periodicals stack room to be able to handle the situation.

Appendix 8REPORT OF THE AD HOC COMMITTEE ON CDA INVOLVEMENT
IN NATIONAL HEALTH PROGRAMS

Drs. W.J. Spence (chairman); P.E. Currie and G. Lie
Ref: Exec. C. Minutes, March 1972, para. 8-9.

1. General Principles

- (1) The Canadian Dental Association should speak for Canadian dentistry on matters concerning the profession in National Health Programs.
- (2) While there may well be regional or provincial differences in application, the Canadian Dental Association should establish general guidelines in regard to dentistry's involvement in National Health Programs.
- (3) The Canadian Dental Association should vigorously seek representation on the various National Health and related Agencies on the basis of the contributions that dentistry can and should make to them.

(Amended, see 1972 Trans. p. 98, 103)

- (3) *That CDA vigorously seek autonomous and equal representation on the various National Health and related agencies on the basis of the contributions that dentistry can and should make to them.*
- (4) The profession, through the Canadian Dental Association, should be involved with national program design and administration.
- (5) A dental program should be an essential component of National Health Care Programs.

2. Priorities

The ultimate aim of dental health programs is to provide a high standard of dental health for all segments of the population. However, the highest priorities toward this goal should be given to the provision of:

- (1) Comprehensive care for children. This should be undertaken beginning at age three years and should be incremental as envisaged in the Canadian Dental Association's Dental Health Plan for Children. This program should include dental health education, prevention and maintenance.

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- (2) Emergency care available to all Canadians.
- (3) Dental health programs for those other segments of the population demonstrating a particular need, recognizing that particular segments have differing priorities.

3. Guidelines

a) Education and Training

The Canadian Dental Association should:

- (1) Support the acquisition of Federal funds for the construction of new dental schools and the expansion of existing schools where a need exists.
- (2) Encourage greater emphasis in our dental schools on teaching students the use of auxiliaries and especially of expanded function auxiliaries.
- (3) Support the acquisition of Federal funds earmarked for fellowships in dental and dental auxiliary education.
- (4) Provide standardized name designation, educational requirements and functions of the various types of auxiliaries. This could lead to uniform training and licensing standards across Canada.
- (5) Encourage secondary and post-secondary schools to develop training programs for auxiliaries which would meet minimal educational standards approved by the CDA.
- (6) Support the acquisition of Federal funds for the construction of new dental auxiliary training facilities.
- (7) Offer its co-operation in the establishment of formal training programs in the performance of expanded functions for auxiliaries already in the work force.
- (8) Support the acquisition of Federal funds to assist institutions in providing continuing education for all dental personnel.

b) Delivery of Services - General Principles

- (1) All component jurisdictions in organized dentistry, e.g. societies, should establish emergency dental services for their area.

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3. b) (2) Incentives should be offered to dentists who will practise in underserved areas.
- (3) Reasonable financial assistance should be given to dental students who will commit themselves to practise in underserved areas for a specified time.
- (4) A dental health service corps should be established to provide services where resident personnel are insufficient to meet the new demand that a comprehensive dental health care program might generate.
- (5) In a national dental health care program, provision should be made for research and experimentation in the more efficient and effective delivery of services. This should also include the special needs of handicapped and confined persons.
- (6) In principle, every hospital should have a dental department and the provision of dental services should be an integral part of comprehensive health care. There should be a dental representative on the Medical Advisory Board.
- (7) Financial assistance should be provided to individual practitioners and groups to increase the availability of dental care through the extended use of auxiliaries. This could take the form of guaranteed loans for the expansion of facilities and increase in equipment. Also office overhead protection insurance could be provided.
- (8) Studies should be made to determine the need, utilization and distribution requirements in regard to dental specialties.
- (9) Every effort should be made to increase the availability of high quality dental services to remote and underserved areas.

HEADQUARTERS
PROPERTY

MEMBERS: R.A. Clappison, Chairman, Toronto; A.B. Hord,
Toronto; C.E. Purdy, Toronto.

R E P O R T

INSPECTION OF HEADQUARTERS BUILDING AND CONTENTS

1. Council members toured and inspected the headquarters building and noted the completion of previously proposed repairs and maintenance. Recommendations were made in order to maintain the headquarters building in minimal essential repair, keeping in view the proposed plans regarding the headquarters property building in Ottawa.

FIRE INSURANCE

2. The Council members, cognizant of their responsibility to maintain adequate insurance on the property and content, discussed the market value of the building and its replacement cost.
3. The Council agreed with the proposed action of the Executive Council to re-assess the market value and replacement cost of the contents of the building and adjust the coverage, if necessary.

HEADQUARTERS BUILDING COMMITTEE (OTTAWA)

4. The Chairman represented the Council on the Headquarters Building Committee and participated in all its sessions.

NEED FOR A COUNCIL ON HEADQUARTERS PROPERTY

5. To comply with an adopted motion from the floor at the 1971 meeting of the Board of Governors to consider the need for a Council on Headquarters Property (1971T108), the Executive Council appointed a representative to meet with the Council.
6. After detailed discussion, the following motion was passed unanimously.

"That it be recommended to the Executive Council that the Council on Headquarters Property be dissolved, with its retention as a Committee on Headquarters Property, responsible to the Executive Council."

The Board notes with interest the Council's motion to become a Committee on Headquarters Property, responsible to the Executive Council. Action on this proposal is contained in Executive Council Report (para. 14, p. 79)

MEMBERS: K.C. Bentley, Chairman, Montreal; S.M. Claman, Winnipeg; A.J. Harris, London; G.K. Hurd, Kitchener; A.J. Parnell, London.

R E P O R T

1. The Council on Hospital Services met at headquarters on February 14-15, 1972. All members were present, excepting A.G. Parnell. Dr. L.O. Bradley, Executive Director of the Canadian Council on Hospital Accreditation, attended a portion of the meeting at the invitation of the Council. Discussions ensued on matters relating to accreditation and the possibility of CDA representation on the CCHA. This dialogue permitted considerable insight into the many problems associated with accreditation procedures of dental services in the hospitals of this country.

SURVEY OF HOSPITAL DENTAL SERVICES

2. Of the four hospitals which were given provisional approval after re-survey last year (1971T109), at the time of writing of this report one hospital had been re-surveyed and granted approval. The remaining three will be re-surveyed in the near future.
3. One Canadian hospital whose accreditation had been denied (1971T109) has been re-surveyed and granted approval.
4. Applications for approval of their dental services were received from two Canadian hospitals and inspection of these services was undertaken. One hospital received approval and the other was granted a provisional approval for a one-year period.
5. Surveys of these hospitals were carried out with the knowledge and assistance of the respective provincial Hospital Services Committees.
6. In 1972, re-surveys of five hospitals whose dental services have been approved for the past three years will be carried out. Council has selected examiners to undertake the respective surveys.
7. Three other hospitals will have on-site inspections carried out by a field surveyor to acquire the documentation required.
8. Council has agreed that in order to ensure confidentiality of information supplied by hospitals applying for accreditation all reports will be surrendered to the Secretariat for destruction after consideration by Council.

HOSPITAL SERVICES

ACCREDITATION OF DENTAL INTERNSHIPS AND RESIDENCIES

9. Council has noted that the Board approved that it assumes responsibility for the accreditation of those dental internships and residency programs that do not form part of a formal postgraduate program in one of the specialty areas recognized by the CDA (1971T110). It has been agreed that all hospitals be informed that the accreditation of such dental internships and residencies is now the responsibility of the Council on Hospital Services and that they are urged to make application in the knowledge that their internship and residency program accreditation is dependent on prior approval of their hospital dental service.
10. Council takes note of the resolution passed by the Board (1971T111) that the Councils on Education and Hospital Services collaborate on the development of accreditation documentation with respect to dental internships and residencies. The Chairman has been appointed as the representative of this Council to work with a representative from the Council on Education in the development of such a document. Considerable documentation has already been developed by this Council in respect of: (1) Requirements for the approval of hospital dental internships and residencies; (2) Application form for approval of dental internships and residency programs; (3) Guidelines for surveyor's visit; and (4) Surveyor's report forms for evaluating internship and residency programs. When a representative from the Council on Education is appointed, these documents will be developed further. (see para. 19, Education Report).
11. Council has noted geographic differences in the definitions of internship and residency. In order that official definitions might be incorporated in "Guidelines for Dental Services in Hospitals" (1967T116), the following resolution is presented for Board approval:
12. Resolved

that the definition of a dental internship be:
"An internship is a form of hospital or clinic-oriented experience of approximately one year's duration fundamentally designed to offer the dental graduate special opportunity for advanced clinical experience and education beyond the undergraduate level", and

that the definition of a residency be:
"A residency program is a progressive and graduated educational experience under hospital and/or university auspices, designed for the dental graduate which should give opportunity for proficiency in a specialized field of practice or research. Participants in such a program will be designated as (1) first year resident; (2) second year resident; (3) third year resident, et cetera."

Adopted

13. Council plans to survey all hospitals to enquire if issuance of a "Certificate of Internship" stating that the graduate is from a CDA accredited program would be desirable. Results of the survey will be considered at the next Council meeting.

The Board looks forward to seeing the results of the survey on the desirability of a Certificate of Internship.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

14. Council wishes to express its appreciation to the Canadian Council on Hospital Accreditation for its continuing interest, assistance and willingness to co-operate in any way which might assist our common goal. Council has developed a new questionnaire on dental services and this has been submitted to CCHA for possible inclusion in its Accreditation Guidebook.
15. Council has noted a resolution passed by the Executive Council supporting the principle of voluntary health agencies, including dentistry, becoming involved in accreditation of services performed in hospital. (see para. 10, Executive Report)
16. Council again considered the question of re-applying to the CCHA for a seat on its Council. Discussion evolved around a resolution of the Board of Governors of the Ontario Dental Association in 1971 which recommended that the CDA again make application for a seat and the action of the CDA Board (1971T114) which rejected the recommendation of this Council that an application to seek a seat on CCHA be made. The following resolution is presented for Board approval:

Whereas the importance of the CDA possessing a seat on the CCHA is well appreciated; and
whereas discussions to this end are proceeding;
and
whereas accreditation procedures in hospitals are under review, be it resolved
that the CDA accept an invitation, if offered, to assume a seat on the CCHA, and further that if an invitation is not forthcoming in 1972 that such invitation be actively sought.

The Board does not agree with the wording of the above resolution. The following substitute resolution is proposed:

*Whereas the importance of the CDA possessing a seat on the CCHA is well appreciated; and
Whereas discussions to this end are proceeding; and
Whereas accreditation procedures in hospitals are under review; and*

HOSPITAL SERVICES

Whereas the Federal Government has evidenced increasing interest in the area of accreditation of health services and facilities:

Resolved

That if an invitation is not forthcoming in 1972, the Council on Hospital Services reassess the role of CCHA in relation to hospital dental services and make recommendations accordingly to the 1973 Board of Governors.

Adopted

17. Correspondence has been received from CCHA regarding its accreditation program for extended care centres and drawing the Council's attention to the fact that there is a serious lack of dental services in these institutions. Council discussed this deficiency and realized that it was mainly attributable to lack of facilities within these institutions as well as to a lack of finances for facilities or service. Council noted that most dental services provided were on a voluntary basis and agreed that as there is a great need in this area, efforts should be made to rectify the situation. The following resolution is presented for Board approval:

18. *Resolved*

that CDA give attention to the provision of dental care to patients in extended care centres (chronic and convalescent hospitals, nursing homes, et cetera) and

that government be approached to fund efforts in this area.

The Board does not agree with the above resolution and proposes the following substitute resolution:

That the CDA give attention to the provision of dental care to patients in extended care centres (chronic and convalescent hospitals, nursing homes, etc.); and

that federal government be approached to fund efforts in this area.

Adopted

19. Council agreed that until such time as accreditation of hospital dental services is mandatory, no action should be taken with respect to requesting hospitals to assist in the financing of surveys.

GUIDELINES FOR DENTAL SERVICES IN HOSPITALS

20. A document entitled "A Guide to Equipping a Hospital Dental Service" has been developed during this past year. (Appendix 1). Council feels that the contents of this document should be incorporated into the present "Guidelines for Dental Services in Hospitals" (1967T116). The following resolution is presented for Board approval:

21. Resolved

that "A Guide to Equipping a Hospital Dental Service" be incorporated in the "Guidelines for Dental Services in Hospitals".

Adopted

CANADIAN HOSPITAL ASSOCIATION

22. The Canadian Hospital Association Convention is to be held in Winnipeg from May 23-26, 1972. The program listed for May 25 is of particular interest to the CDA in the area of accreditation, and Dr. Sheldon Claman has agreed to represent the Council at the meeting.

HOSPITAL ACTS

23. Council has requested the Secretariat to endeavour to obtain copies of the respective Hospital Acts of each province in order to form a file for future reference.

PROVINCIAL GUIDELINES

24. It has come to Council's attention that some of the provincial bodies are establishing "Guidelines to Hospital Dental Services" and the Secretariat has been requested to obtain copies of these "Guidelines" where they exist so that a file for future reference can be developed.

The Council on Hospital Services is highly commended for its continuing endeavour in the area of accreditation of dental facilities in Canadian hospitals.

Appendix 1

A GUIDE TO EQUIPPING A HOSPITAL DENTAL SERVICE

1. The Canadian Dental Association offers this brochure, prepared by the Council on Hospital Services, to hospital boards, administrators, dental organizations and other health care groups interested in improving the care provided patients by including dentistry.
2. It is proffered, not as a comprehensive guide to the equipping of a dental facility but rather as a lead and suggestion that many sources of knowledge and co-operation are readily available to those seeking to improve health care standards by providing the dental environment conducive to the promotion of good oral health.
3. Many factors must be considered in planning the dental department, but a dental program must be clearly delineated before planning can begin.

Designing and Equipping a Dental Facility Must Follow Function

4. Where a hospital board decrees that only emergency dental service is desired, then the attending dentist could carry his own selection of instruments to bedside or emergency operating room to render at best a rudimentary and palliative dental treatment.

Emergency Dental Service Only

5. The hospital should be prepared to offer the visiting or attending dentist:
 - (1) an adjustable operating type table for the support of the patient in a position compatible with his physical state and comfortable for both patient and operator;
 - (2) a source of suction;
 - (3) a source of oxygen under pressure with the capability of safe delivery to a patient requiring resuscitation;
 - (4) a good light source such as a bracket spot light;
 - (5) a mayo-type stand and trays for instruments;
 - (6) scrubbing and sterilizing facilities;
 - (7) surgical consumables such as sterile gauze, sutures, etc.
 - (8) adequate nursing assistance.

Comprehensive Dental Service

6. Where good dental service is encouraged, encompassing outpatient,

Appendix 1

inpatient, and surgical procedures requiring general anaesthesia, mobility of equipment is essential to obviate expensive duplication. The mobility is not to encourage bedside treatment but to allow ready transfer from an outpatient clinic to an operating theatre.

7. A dental suite accommodated in the outpatient department of a hospital should be well-lighted, ventilated and capable of isolation from the usual corridor noise created by busy outpatient traffic. Doorways and rooms should readily receive stretcher and wheelchair patients.
8. Plumbing and wiring required by a permanent dental installation will vary according to the equipment selected and the local building by-laws. Major dental suppliers are most co-operative in providing advice, specifications and diagrams where major dental equipment requires special electrical, plumbing, air and gas supply lines.
9. The following pieces of equipment are the basic essentials:
 - (1) a mobile dental unit carrying air-driven high and low speed handpieces and a three-way syringe;
 - (2) a mobile dental cabinet to hold consumable supplies and a selection of hand instruments;
 - (3) trays of basic hand instruments for dental surgery and restorative dentistry;
 - (4) a means of procuring intra and extra oral x-ray film;
 - (5) a good light source, ceiling or bracket spotlight;
 - (6) a source of suction, central or mobile;
 - (7) a source of compressed filtered air at 60 lbs. pressure;
 - (8) washing and sterilizing facilities;
 - (9) a satisfactory mechanism for the support of the patient in a position compatible with his physical state and comfortable for both patient and operator during operative routine.
10. It is recommended that the "user" make the final choice of equipment, weighing practicality and versatility heavily in the decision. This is especially important in the establishment of a consumable supply inventory.
11. The privilege of possession of sophisticated dental equipment establishes the attendant responsibility of careful storage, maintenance and repair. One individual should be made responsible for care and maintenance of the total inventory.
12. Dental departments of large teaching hospitals allied with a University Health Science complex require a multi-roomed suite to serve the

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specialty divisions and laboratory activities. Architectural consultation is readily available in the environment and with the help of major dental supply companies can create a hospital dental facility that not only serves patient, student and clinician but stands as a model and source of information for all others who would strive to achieve better health service in the community hospital.

Recommended Reading

13. "Hospital Dentistry": by James R. Hooley, D.D.S.
Leo & Feabeger, 1970
- "Planning the Dental Unit": by Leland E. Weyer, D.D.S. and
Gerard J. Coney, D.D.S.
"Hospitals" - JOURNAL OF THE AMERICAN
HOSPITAL ASSOCIATION, February 1, 1967
Vol. 41 - #3.

Further Information

14. Write to: Council on Hospital Services
Canadian Dental Association
234 St. George Street
Toronto, 180, Ontario

If assistance is required in a specific geographic area, the CDA Council will arrange for the counsel of the administrator of an already-accredited program, if so requested.

MEMBERS: D.C. Way, Chairman, London; C.L. Moran, Montreal;
R.A. Hugill, Toronto; D.C. Steeves, Moncton; O.F.
Wright, Vancouver; R. Rasmussen, Calgary; F.J.
Furlong, Windsor.

R E P O R T

1. The Council on Insurance and Investment held two meetings during the 1971-72 term: November 18-19, 1971 and April 14, 1972. In addition, Council sponsored a National Insurance and Investment Conference in Montreal, February 20, 1972.
2. This is the first year since merger of CDA and Provincial Group Insurance Plans that Council has had the opportunity to move ahead and consider improvements to existing plans and the development of additional plans. The short term since the last Board of Governors meeting has not allowed Council sufficient time to clearly define the details of future plans but the following report hopes to give some indication of the changes and additions being considered.

REGISTERED RETIREMENT SAVINGS PLAN

3. In accordance with the Board decision to add two additional investment funds, namely, an interest fund in the registered section and an equity fund which would provide a vehicle for the investment of funds in common stocks outside the registered plan, Council has been working in close co-operation with the Royal Trust Company to accomplish this. Some delay has resulted because of new tax legislation but the revised Trust agreement has been reviewed and agreed upon by the Royal Trust and CDA solicitors and as soon as it receives government approval the new plans will be available immediately.
4. As a result of recent much improved market conditions, Council is pleased to report a very significant increase in the value of common stock units from 22.855 (Feb. 28/71) to 27.588 (Feb. 29/72), and in the value of fixed income units from 11.567 (Feb. 28/71) to 12.888 (Feb. 29/72). The year 1971 ended on an extremely optimistic note with the CDA common stock fund out-performing both the mutual funds and the market average for the last quarter. The TSE Index closed the year with a 4.1% gain while the final CDA unit value of 24.73 was up 12.5% for the year.
5. In the past, Council has been supplied by the Royal Trust with a monthly report part of which shows a comparative analysis of the CDA common stock fund. Since accurate long term figures are difficult to obtain, at the request of Council, the Royal Trust has made arrange-

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ments with a firm that specializes in the measurement of mutual funds. As a result the figures now being received each month show the results monthly, yearly, five years and ten years. In a registered retirement fund the long term results are somewhat more significant than the short term fluctuations.

6. At the request of Council, the Trustee (Royal Trust) and the Administrator (CDSPI) have jointly agreed to create a surplus pool of .1% of the .5% now being charged against the net asset value of the CDA Registered Retirement Plan. This surplus pool will be set aside to create better information systems for participants and to promote the Plan. If in future it is found that the surplus pool is more than adequate, Council will endeavour to have the charges levied against the overall fund reduced.
7. The Royal Trust Company is to be commended for their co-operation during the past year. As a result Council continues to be able to maintain proper vigilance of the CDA Plan and feels that the results indicate that the Plan is being properly supervised by the Trustee.

GROUP DISABILITY - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

8. These plans have been functioning well during the past year. The Insurance Investigating Committee has held several meetings with Mutual of Omaha and Continental Casualty and some improvements have been made. Members under age 55 are now able to purchase \$500 additional monthly benefit under Plan I subject to an elimination period of either 30 or 90 days. The Dismemberment schedule has been revised to provide greater benefits to members disabled as a result of injuries. There has been a small increase of premium from \$13.00 per \$10,000 unit to \$13.50 to provide these extra benefits. In addition, private pilot coverage has been added although this insurance will be handled as individual business apart from the Group Plan.
9. Upon merger of CDA and Provincial Plans it was the understanding of the CDA ad hoc committee that Ontario and Manitoba would be serviced by Continental Casualty and that all other provinces would be serviced by Mutual of Omaha. After merger, these two carriers indicated that it was their understanding that this arrangement would apply only to new post-merger business. This was unacceptable to Council since many members in Manitoba and Ontario were holding two contracts issued by different carriers for the same plan. As a result, Council insisted that Mutual of Omaha move out of Ontario and Manitoba and that existing Mutual of Omaha contracts in these provinces be replaced by identical Continental Casualty contracts.
10. In spite of some difficulty Council has received good co-operation from both Mutual of Omaha and Continental Casualty during the past

year but as indicated in previous reports the basic differences in administrative and underwriting procedures employed by these two companies has not allowed the complete integration of disability plans as envisaged by the original ad hoc committee and it is doubtful whether such will be the case in future. Chairman of Council is convinced that eventually these plans must be underwritten by one carrier to bring about total integration in all respects. While this is the ultimate goal any change in this respect must be approached with great caution. Council is not prepared at present to make any definite recommendations in this respect but the matter is under study and appropriate action will be recommended if and when necessary.

MEMBER EMPLOYEE DISABILITY INSURANCE

11. For some time, the provision of disability insurance for the employees of members has been under consideration. Council could not move however, at least until the introduction of the Unemployment Insurance Act which went into effect on June 27, 1971. At that time the regulations of the Act appeared to make it difficult if not impossible for the CDA to develop a marketable disability plan for employees.
12. Even now the regulations are not clearly defined but it appears evident that a CDA Group Disability Plan for employees (that is a plan that is related to the employer's group) would mean that any benefits received by an employee from such insurance would be deducted from disability payments for which the employee is eligible under the Unemployment Insurance Act. The Unemployment Insurance Act provides for payment of employees on claim of two-thirds of their salary for 119 days.
13. If an employee disability plan was designed by CDA it appears that in order not to conflict with U.I.C. benefits, it would have to carry an elimination period of 119 days. It is the intent of Council to continue investigation in this area but bearing in mind the substantial benefits paid to disabled employees by U.I.C. as well as the past unfavourable experience particularly in Ontario with employee disability insurance, Council recommends that at least for the present no insurance of this kind be developed.

GROUP LIFE PLAN

14. During the past year the experience of the Group Life Plan has been very satisfactory. The small loss of \$6,345 last year has been eliminated and the Plan as at November 30, 1971 showed a surplus of \$87,000 which is held in trust for the CDA as a premium stabilization reserve. Council has received the fullest co-operation during the past year from Laurier Life and Imperial Life.
15. Council would like to point out once again that the very attractive premium rates, particularly in the older age groups, make it essential

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that every effort be made to encourage the fullest participation possible of new graduates. This will call for continuing and further aggressive promotion in future.

ADJUSTMENT INCOME DOLLARS PLAN (AID)

16. This Plan was introduced last August and received excellent response from the members. As of the end of 1971 approximately 800 members were enrolled in the AID Plan. Originally the Plan was offered only to those members participating in one or more CDA Group Life or Disability Plans. During the open enrolment period members in the above category could obtain this coverage without evidence of insurability.
17. In view of the acceptance of this Plan by members, and the fact that it was introduced during vacation period with minimum publicity and promotion, Council in consultation with the carrier recommended that a further open enrolment period be arranged for members participating in CDA Disability and/or Life Plans without evidence of insurability and also that the AID Plan be made available to all CDA members with evidence of insurability. This was done in January.

CANADIAN DENTAL SERVICE PLANS

18. Council continues to enjoy the fullest co-operation from CDSPI and wishes to express its thanks and appreciation for the help received from the Administrator and staff.
19. The re-organization of CDSPI has been accomplished and the new directors have been appointed. Dr. W.S. McKenzie of Toronto is president of CDSPI.
20. The cost of the National Insurance and Investment Conference held in Montreal on February 20, 1972, was underwritten by CDSPI. In the past, Council has indicated the need for greater co-operation, communication and promotion with respect to CDA Group Insurance and Investment Plans if they are to be successful and truly serve the needs of members. With this in mind, Council sincerely thanks Mr. Jackson and the Directors of CDSPI for making this Conference possible.

NATIONAL INSURANCE AND INVESTMENT CONFERENCE

21. The Conference was held in Montreal on February 20, 1972, the day prior to the annual Secretaries' Conference. In spite of adverse weather conditions and travel difficulties, the majority of invitees were present.
22. Council planned the Conference to take the form of a workshop-seminar type of meeting to encourage maximum participation on the

part of all those present. The Conference was divided into two groups and a series of prepared questions were discussed by each group. The Conference then reconvened and the discussions of the two groups were further considered with Council members acting as a panel. The minutes of the Conference were subsequently distributed to all participants.

23. Council would like to thank all those who participated in the Conference. It is only through discussions at this level that Council can fully appreciate the problems and needs of all CDA members. Many useful suggestions and recommendations were received which will be considered by Council in its continuing desire to promote insurance and investment plans that will best serve the needs of CDA members.

PUBLICITY AND PROMOTION

24. In the past education, publicity, and promotion with respect to CDA Insurance and Investment Plans have left much to be desired. Council is acutely aware of this and believes that this area should receive much more attention. As a result the Publicity Committee has planned a far-reaching program that includes articles in the Journal, newsletters and newly designed pamphlets which will be included in mailings and distributed at national and provincial dental meetings.
25. It is evident however and the chairman of the Publicity Committee points this out clearly in the position paper he delivered at the Conference that the most effective education and promotion is at the undergraduate student level. If knowledgeable speakers preferably dentists were available to talk to dental students in each dental school, participation in CDA Plans would be increased substantially in the age group that will assure increased strength and continuing increase of benefits for all. The personal experience of Council Chairman in Ontario with respect to direct contact with students fully supports this view.
26. As noted earlier in this report a surplus fund has been established by the Royal Trust and CDSPI to provide funds for education, promotion, etc. It is possible that a similar arrangement can be made with the insurance carriers in which case our promotional efforts can be extended to a much greater degree in future.

Paragraphs 24 and 25 of the report provide evidence of the need for more effective publicity and promotion. In support of this need, the following resolution is proposed.

*Whereas, in the past, education, publicity and promotion with respect to CDA Insurance and Investment plans have left much to be desired,
and*

Whereas the most effective education and promotion is at the undergraduate level, and

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Whereas this will assure increased strength and continuing benefits for all,

be it resolved

That Council on Insurance and Investment have suitable representatives appointed, approved by each corporate member and the dental faculties to promote the CDA insurance and investment plans.

Adopted

MALPRACTICE INSURANCE

27. On November 9, 1971, the Board of the RCDS of Ontario passed a resolution that approved in principle compulsory professional malpractice insurance and authorized the Executive Committee of the Board to implement the program as outlined by the insurance consulting firm, P.D. Norman and Associates Ltd.
28. Regardless of the pros and cons concerning compulsory malpractice insurance it is evident that the premium for this type of coverage in other professions is rising at an alarming rate. The Norman proposal recommends a plan whereby the first \$5,000 of any one loss would be covered by a \$50 deductible and \$4550 from a reserve fund owned and controlled by the province or provinces having compulsory malpractice plans. The top \$245,000 for a total of \$250,000 protection would be straight insurance protection. It is the opinion of the Norman firm that this type of plan is workable only on a compulsory basis and if instituted will do a great deal to limit and control future increases in premium for this type of insurance.
29. In spite of the difficulties that arise as a result of Ontario's withdrawal from the existing CDA Malpractice and Premises Liability Plan, January 1, 1973, Council is fully aware of the potential threat of much increased premium for this type of coverage and can understand the action taken by the RCDS of Ontario.
30. As a result of the withdrawal of Ontario from the present CDA Malpractice Plan on January 1, 1973, Council was faced with the problem of providing continued coverage at reasonable premium for those members in provinces that chose to retain voluntary malpractice insurance. The ODA Insurance Committee on the other hand was faced with the problem of seeing that the premises liability portion of the present CDA contract is made available apart from the new Malpractice Plan since a compulsory Malpractice Plan cannot include premises liability.

31. As mentioned before the Norman proposal is predicated on compulsory participation so this ruled out the possibility of a CDA Malpractice Package that would allow for both compulsory and non-compulsory participation. Council, and the ODA Insurance Committee, after consultation with the Norman firm were advised that it would be best to establish a Malpractice Plan which would be strictly compulsory and that this plan be made available to all provinces.
32. Since compulsory malpractice insurance must necessarily be tied to licensing in any province, Council fully realizes the decision regarding the compulsory aspect of coverage is entirely in the hands of each province. The function of the CDA in this respect is to provide the facility for compulsory participation and at the same time provide a plan for voluntary participation at the best premium and benefit level possible in view of the number of non-compulsory participants involved. At best, however, it must be understood that the premium for non-compulsory participation will probably increase to some extent and if the dental profession follows the same pattern as the medical and legal professions, will in all likelihood increase significantly in the not too distant future.
33. For those provinces wishing to continue with non-compulsory malpractice insurance, Council feels that this can best be done by providing the malpractice insurance as an integral part of the General Insurance Plan outlined in the following section of this report. Because of the high risk exposure involved in malpractice insurance, it appears at the moment that a member buying malpractice insurance along with the business package or at least the premises liability portion of the business package, could expect a much better premium rate than if malpractice insurance was purchased separately. At this stage, Council is in the very early stages of negotiation with respect to premium and coverage.
34. As a result of the January 1, 1973 commencement date for the compulsory Malpractice Plan in Ontario, Council and the ODA Insurance Committee have together developed a comprehensive general insurance plan which according to the present timetable can be gradually phased in and made available to all CDA members during the 6 months following the next CDA Board meeting if approval is received at that time.
35. For members in Ontario, the General Insurance Plan will pick up the premises liability which is not included as part of the compulsory Malpractice Plan in Ontario, and for all other provinces that choose to continue with voluntary malpractice insurance, the non-compulsory coverage will be available as part of this total package at the best rate and under the best circumstances that can be negotiated by Council.
36. Should non-compulsory provinces decide to go compulsory in future, it will be possible under the proposed plan to extend the Ontario concept bearing in mind of course that new participants will have

to contribute a similar amount to the self-insuring reserve to that contributed by members already in the Plan. Once again, however, it must be understood that as the number of participants in the voluntary malpractice plan decreases, premiums for the remaining participants must necessarily increase.

37. It is not the purpose of Council at present to judge the pros and cons of compulsory v. non-compulsory malpractice insurance. This report seeks only to outline the immediate, as well as possible future problems and indicate the preliminary steps taken by Council to assure continued protection for all CDA members.

GENERAL INSURANCE PROPOSAL

38. One of the recommendations of the ad hoc committee responsible for merging CDA and provincial insurance plans was that the present ODA All Risks Insurance be extended to all other provinces. This has been delayed because Council was aware of Ontario's interest in compulsory malpractice insurance and as mentioned previously, introduction of compulsory malpractice insurance in Ontario would necessitate considerable change in the All Risks Plan to make provision for premises liability coverage.
39. Since the compulsory malpractice insurance issue has been settled in Ontario, Council in co-operation with the ODA Insurance Committee has developed a comprehensive General Insurance Plan which includes a Special Business Package designed specifically for the dental profession, a Homeowner's policy and Automobile coverage. There is virtually no type of general insurance that cannot be purchased under this plan.
40. The nature of general insurance is such that premium rates will vary not only from province to province but also from area to area within the same province, depending upon the circumstances and coverage. Council expects however that approximately 10% will be saved in premium as a result of bulk purchasing. In addition, it is expected that at least another 10% will be saved in commission.
41. In any general insurance plan, it is essential that participants be assured of convenience with respect to obtaining advice and direction in planning a program that will cover specific needs without overlapping or duplication. It is equally essential that provision be made for prompt and efficient handling of claims.
42. After reviewing three proposals that were submitted and conferring with Mr. Andre Levesque, insurance consultant retained by CDSPI, Council chose the plan outlined by Marsh and McLennan, a large insurance brokerage firm with offices located throughout Canada. It is proposed that Continental Casualty, now part of the CNA Insurance Group, underwrite the Plan. Our past experience with Continental Casualty and the special knowledge this company has

of the needs of the dental profession made this the obvious choice. An added feature in the choice of Continental Casualty was the recent merger of Continental with other companies to form the CNA Insurance Group. The financial stability created by this merger is particularly important with respect to voluntary malpractice insurance, since a company of this size is in a position to carry a much higher risk without reinsuring. Since reinsurance rates are dependent upon a broad experience in both Canada and the U.S.A. the smaller companies that are more dependent on reinsuring must pass these continually rising rates on to the policy holders.

43. As mentioned previously, bulk purchasing would enable CNA to allow a discount of approximately 10% from the base rate that the various forms of general insurance can be purchased for individually at the present time. This would not apply to the Business Package since it is specifically designed for the dental profession.
44. A charge of 15% of gross premium dollar would be made by Marsh & McLennan. It is estimated that 10% will cover their cost and the remaining 5% will provide a fee as collector of premium for CDSPI as well as a profit margin for Marsh & McLennan. The exact division of this 5% has not yet been settled. The commission that would normally be paid to an agent if general insurance was purchased individually would be approximately 25% or more which explains the anticipated 10% saving in commission.
45. Apart from the expected premium saving several other advantages are evident in the proposed plan. Recent surveys in Ontario have clearly shown that many members are inadequately insured and/or have policies that overlap or duplicate coverage. The proposed plan will eliminate this and provide much broader coverage. Even though a participant's premium might remain approximately the same under the new plan as he is now paying, it is expected that the coverage he will receive under the new plan will be increased. One other added feature will be the provision for quarterly payment of premium without interest charge.
46. At present, all preliminary arrangements have been completed and it is possible to phase in the new Plan during the six months immediately following the next Annual CDA Board meeting. Because of the differences in the provincial laws governing general insurance, some time is required to file rates with provincial departments of insurance and to tailor the plan to the specific requirements of members in each province. Council has been assured by Marsh and McLennan and CNA that this can probably be done in a six month period of time.
47. Council for some time has been acutely aware of the demand for and need of a comprehensive general insurance program for CDA members. This along with the fact that considerable change must be made in the present CDA Malpractice Plan by January 1, 1973,

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resulted in recommendation by Council of the following resolution for Board approval.

48. Whereas the CDA Council on Insurance and Investment and the ODA Insurance Committee at a joint meeting unanimously agreed on the proposed General Insurance Plan as outlined by Marsh and McLennan and CNA Assurance Company, and

Whereas Council and the ODA Insurance Committee agreed on the compulsory and non-compulsory Malpractice Plans as proposed by P.D. Norman & Associates, be it resolved

That the CDA Council on Insurance and Investment recommends that the proposed comprehensive General Insurance Plan including voluntary malpractice insurance, be accepted in principle, that these plans be sponsored by the CDA, and that Council be empowered to proceed as quickly as possible with implementation.

Adopted

FINANCIAL STATEMENTS AND STATISTICAL DATA

49. At the request of the Board at the last annual meeting, an attempt has been made to provide as much statistical data as possible. As pointed out by the Chairman of Council at that time, the differences in renewal dates and fiscal year ends for the different plans make it impossible to produce a truly consolidated statement for the total operation of the plans. Also, the fact that all of the figures and data were not available at the time this report was written made it impossible to make precise references in some parts of the report. Financial report and statistical data are attached to this report as Appendix 1.

Council on Insurance and Investment is thanked for its extensive work and future planning. The inclusion of statistical data is informative and should become a continuing practice.

Appendix 1

CANADIAN DENTAL SERVICE PLANS INC. ANNUAL REPORT

1. I am pleased to present the following report on the plans administered by CDSPI for the Canadian Dental Association.

Appendix 1

2. Attached are the following:

- Attachment A: Income Protection and Office Overhead consolidated experience for the calendar year 1971 (p.135)
- Attachment B: Life Insurance statement of premium and retention to 30 November 1971 (p.136)
- Attachment C: Liability (Malpractice) participation as of 17 March 1972 (p.137)
- Attachment D: Retirement Savings Plan annual return as of 29 February 1972 (p.138)
Retirement Savings Plan comparative performance (p.140)
- Attachment E: Comparative Participation - all plans, by provinces (p.141)
- Attachment F: CDSPI cash flow analysis and operating costs (p.142)

3. Income Protection and Office Overhead

It is encouraging to note that the experience reserve of \$190,455 has almost reached the maximum required by the contract. In future years it is possible that we may have another open enrollment period or a reduction of premium.

4. It will be noted that no expenditures were made for promotion during this period. In view of the successful mailing campaigns carried on by several insurance companies, more stress should be placed on this area in the future.

5. Liability (Malpractice) Coverage

Due to the compulsory coverage being initiated by the Royal College of Dental Surgeons of Ontario, very little publicity has been given in this area. However, it is expected that the problem of coverage for non-compulsory provinces will be resolved in the near future.

6. Retirement Savings Plan

As is shown by the attachments, the plan has advanced in spite of the very determined drive by Mutual Funds and Insurance Companies to obtain a larger share of this market.

7. The present plans have shown a good recovery after the low market condition and the contemplated changes, plus the larger taxable advantages, should result in a decided growth.

8. Comparative Participation

There has been growth in all plans in the current year. This can be greatly accelerated by a consistent and well-planned mail campaign. This will be carried out in this current year.

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Appendix 1
Attachment A

INCOME PROTECTION AND OFFICE OVERHEAD

CONSOLIDATED EXPERIENCE FOR POLICY YEAR

(January 1, 1971 to December 31, 1971)

Enrolment as of January 1, 1972 shows the following participants:

In the L.T.D. program	4,769 policies
In the Office Overhead plan	<u>3,135 policies</u>
Total	<u>7,904 policies</u>

Earned Premium \$943,350.

Charges Against Premium

1) Collection Costs	\$ 56,859	
2) Commissions to Soliciting Agents	83,339	
3) Printing Costs	N I L	
4) Insurer's Retention	<u>141,502</u>	281,700.

Claims Incurred

Claims Paid	\$450,642	
Change in Reserve for Unpaid and Unreported Claims	<u>1,041</u>	451,683.
Deficit for Prior Policy Year		80,812.
Balance before Experience Reserve		129,155.
Experience Reserve (see Section 3A of Agreement)		190,455.
Experience Reserve Deficit		(61,300.)

Notes Re Charges Against Premium

- 1) 5% of total premiums collected including premium for optional A.D.
- 2) Commissions are paid on agency produced business only.

New Business	\$141,520.
Renewal Premiums	688,631.
- 3) Actual costs of printing brochures, etc.
- 4) 15% of earned premium.

Appendix 1
Attachment B

LIFE INSURANCE PLAN G2596

STATEMENT OF RETENTION

(December 1, 1970 to November 30, 1971)

Submitted by The Imperial Life Assurance Company of
Canada, the insurer and Laurier Life Insurance Company,
the reinsurer.

Premium Received	\$226,866.25
Retention	\$34,029.94
Contingency Reserve	<u>4,537.33</u>
	<u>\$38,567.27</u>
Claims	\$60,000.00
Reserve for Level Premium Payment	34,215.53
Loss in 1st 14 months	6,345.95
SURPLUS	87,737.50

This statement applies to that portion of the coverage up to
\$50,000. on any one life.

Reserve Basis

58 CSO 3% - N.L.P.

Term to 65

Appendix 1
Attachment C

LIABILITY (MALPRACTICE) COVERAGE
(In Force as of March 17, 1972)

	<u>IN FORCE</u>	<u>*ELIGIBLE</u>	<u>% IN FORCE</u>
ONTARIO	2,525	3,200	78.9
ALBERTA	514	580	88.6
QUEBEC	436	1,710	25.5
MANITOBA	235	310	75.8
SASKATCHEWAN	122	230	53.0
NOVA SCOTIA	77	230	33.5
NEW BRUNSWICK	85	140	60.7
NEWFOUNDLAND	30	60	50.0
PRINCE EDWARD ISLAND	12	30	40.0
BRITISH COLUMBIA	<u>675</u>	<u>970</u>	<u>59.6</u>
	<u>4,711</u>	<u>7,460</u>	<u>69.6</u>

HYGIENISTS 196
(throughout Canada)

Count taken March 17, 1972.

* Number eligible is approximate.

Appendix 1
Attachment D

RETIREMENT SAVINGS PLAN

(as of February 29, 1972)

In force March 1, 1971		1,008
<u>Liquidations during 1971</u>		
Annuity purchases	15	
Deceased	5	
Withdrawals	5	
Transfers to other RRSP's	<u>19</u>	<u>44</u>
		964
New accounts opened March 1, 1971 - February 29, 1972		<u>149</u>
Accounts in force March 1, 1972		<u><u>1,113</u></u>

There have been 18 transfers into the plan from other registered plans.

- 1) Total contributions during the 1971 taxation year amounted to \$1,607,915. In 1970 total contributions were \$1,220,523., i.e. an increase of \$387,392. - or 31.7% in 1971.
- 2) The total value of transfers into the C.D.A. plan from other registered plans is for the year: \$125,592. compared with \$38,425. in 1970 - an increase of 226.8%.
- 3) Liquidations represent a value of \$569,755. composed as follows:
 - a) Purchase of annuities: \$271,584.-
 - b) Transfers to other registered retirement savings plans: \$205,011. -
 - c) Estate payments re deceased members: \$82,828. -
 - d) Withdrawals: \$10,332. -

Fund Value

Common Stock	\$10,209,591.
Fixed Income	<u>3,124,628.</u>
	<u><u>\$13,334,219.</u></u>

Appendix 1
Attachment D

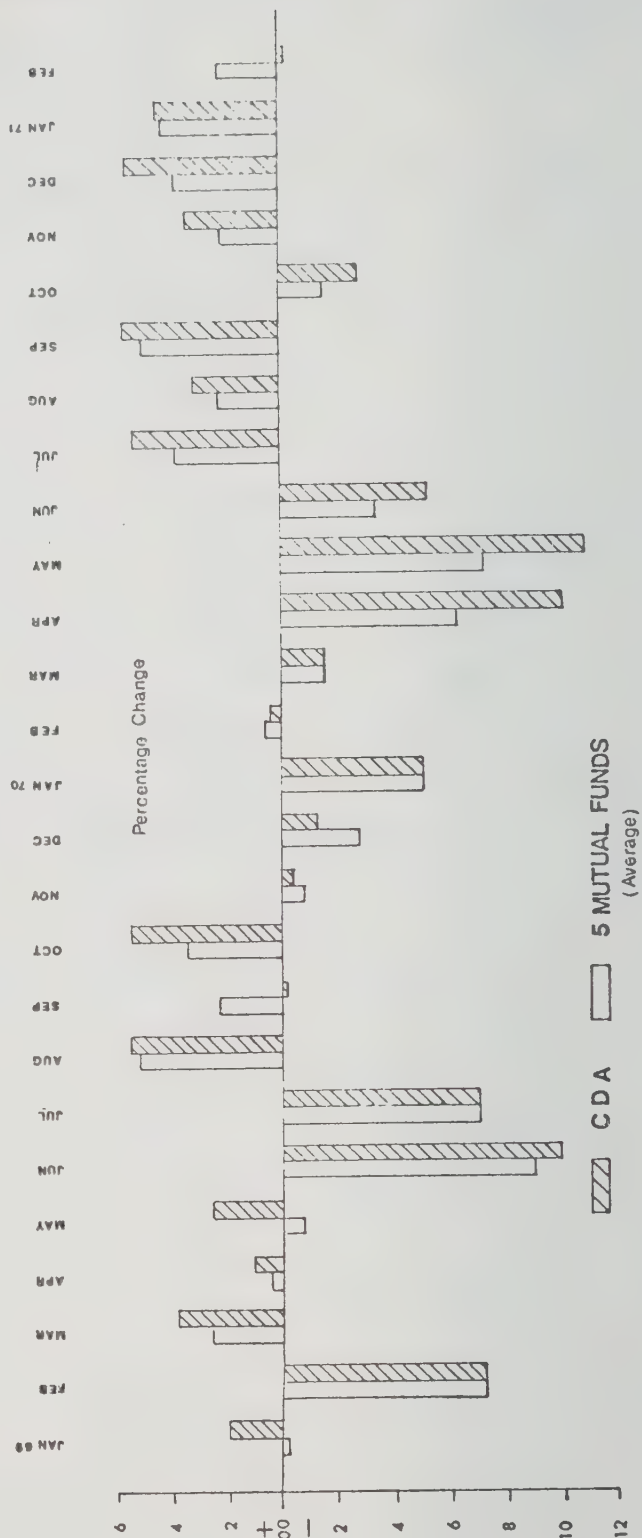
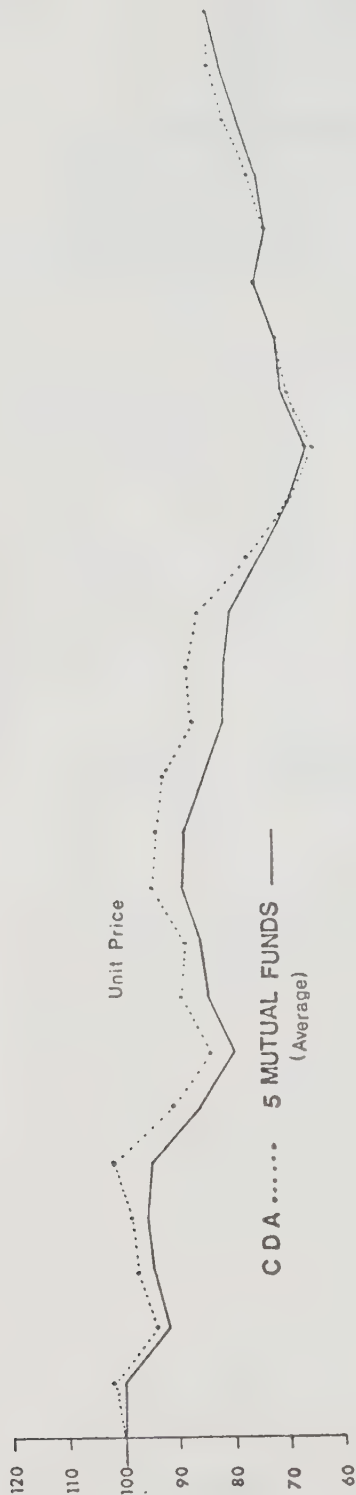
C.D.A. RETIREMENT SAVINGS PLAN
NUMBER OF PARTICIPANTS IN EACH PROVINCE
COUNT TAKEN MARCH 22ND, 1972

ONTARIO	- - - - -	496	(4 out of province)
B.C.	- - - - -	189	
ALBERTA	- - - - -	135	
SASKATCHEWAN	- - -	45	
MANITOBA	- - - - -	46	
QUEBEC	- - - - -	131	
NEW BRUNSWICK	- -	24	
NOVA SCOTIA	- - -	31	
P.E. ISLAND	- - -	3	
NFLD.	- - - - -	13	
		<u>1,113</u>	

Appendix 1
Attachment D

THE CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

COMPARATIVE PERFORMANCE



CANADIAN/PROVINCIAL PLANS

COMPARATIVE PARTICIPATION

PLAN	ATLANTIC	QUE.	ONT.	MAN.	SASK.	ALBERTA	B.C.	FOREIGN	TOTAL
LIABILITY	204	436	2525	235	122	514	675		4711
INCOME PROTECTION & OFFICE OVERHEAD	477	1290	4188	107	218	611	1013		7904
LIFE	101	201	1464	41	51	216	299	31	2404
A.I.D. ALL PROVINCES									1300
BLUE CROSS	98	141	1536	11		3	22		1811
MEDICAL & HOSPITAL			1324						1324
RETIREMENT SAVINGS	71	131	496	46	45	135	189		1113
MEMBERS APPROXIMATE	460	1710	3200	310	230	580	970		7460

Appendix 1
Attachment F

CANADIAN DENTAL SERVICE PLANS INC.

CASH FLOW ANALYSIS
(Fiscal Year ending July 31, 1971)

PLAN	RECEIPTS	REMITTED	RETAINED	PERCENTAGE
INCOME PROTECTION- OFFICE OVERHEAD	1,266,678.57	1,204,761.81	61,916.76	4.8
LIFE	307,677.35	291,859.89	15,817.46	5.1
ALL RISK	51,289.19	48,725.30	2,563.89	4.9
LIABILITY	115,679.34	109,895.33	5,784.01	5.0
MEDICAL HOSPITAL	597,292.95	582,415.94	14,877.01	2.4
RETIREMENT SAVINGS	1,262,470.21	1,238,334.71	24,135.50	1.9
O.D.A. INVESTMENT	538,362.82	536,922.82	1,440.00	0.2
PENSIONS-AUX. PERS.	4,127.65	4,127.65	--	---
INSURANCE SUB-TOTAL	4,143,578.08	4,017,043.45	126,534.63	3.0

PROPORTIONATE OPERATIONAL COSTS
(Fiscal Year ending July 31, 1971)

PROFESSIONAL FEES	\$ 28,000.
EQUIPMENT PURCHASE	5,000.
EQUIPMENT MAINTENANCE	4,000.
BOARD EXPENSE	500.
RENT	4,000.
SALARIES	62,760.
POSTAGE	3,000.
STATIONARY & SUPPLIES	6,000.
TELEPHONE	1,100.
TRAVEL	3,000.
SUNDRY	2,400.
	<u>\$119,760.</u>

MEMBERS: M.M. Derrick, Ottawa, Chairman; K.F. Pallett, Ottawa; H.C. Budgen, Ottawa.

R E P O R T

1. Registrars of all corporate members have provided this Council with information concerning legislative changes in their respective provinces which have occurred since the last meeting of the CDA. These changes are summarized in this report.
2. The Alberta Dental Association obtained an amendment, approved by the Lieutenant-Governor-in-Council, that the annual fee be increased from \$165 to \$200 per year.
3. In British Columbia in November 1971, by order-in-council of Cabinet, a new set of Rules, Regulations and By-laws of the College of Dental Surgeons of British Columbia was adopted.

The Regulations represent a "tidying-up" and consolidation of all past regulations which had been adopted at various times. The important changes are summarized as follows:

- a) By-Law 5: A special general meeting of the College shall be called within 45 days upon receipt of a request signed by at least 5% of the total membership of the College.
- b) By-Law 6: Previously Council had complete authority and suggestions made by the membership at the annual meetings were accepted as guidance but with no obligation to act on them. Now, by following prescribed procedure, any ten members in good standing can oblige Council to take action as long as that action does not contravene the law.
- c) By-Law 10: "The Council is charged with the responsibility of protecting the public interest in matters relating to dentistry or the Dentistry Act". This is a new by-law which puts into words something which is commonly accepted.
- d) Regulation 18: A new regulation. A member who has not held a licence to practice within the Province of British Columbia within the past five years will have his name erased from the Register with the right to re-apply for registration.
- e) Regulation 29: A new regulation. Rather than await approval of a regulation amendment, Council may, by a two-thirds vote of the Council, add or delete from the list of specialties or change the designation of recognized specialties.

- f) Regulation 52: Allows Dental Hygienists to perform their duties under the "direction" of a member of the College rather than under his "direct supervision".
- 4. The New Brunswick Dental Society is in the process of rewriting its Dental Act.
- 5. In Nova Scotia, a bill to legalize denturists is currently before the Legislative Assembly.
- 6. The Prince Edward Island Dental Profession Act contains a new By-law ten relating to the duties of "certified dental assistants". Rather than attempting to list the duties which they may legally perform, the By-law lists the following functions which they are not allowed to perform:
 - a) Diagnosis or treatment planning for the prevention, alleviation or correction of any disease, pain, deficiency, deformity, defect, lesion, disorder, or physical condition of, in or from any human tooth, jaw or associated structure or tissue or any injury thereto;
 - b) Prescribing or advising the use of any prosthetic denture, bridge or any other oral prosthetic appliance;
 - c) Providing facilities for the taking or making of any impression, bite, case, or design preparatory to, or for the purpose of, or with a view to the making, producing, reproducing, construction, fitting, furnishing, supplying, altering, or repairing of any such prosthetic denture, bridge, or other oral prosthetic appliances;
 - d) Severing or cutting hard or soft tissue;
 - e) Prescribing or administering drugs;
 - f) Placing, finishing and adjusting of final restorations;
 - g) Scaling or removal of calcareous deposits on the teeth.
- 7. An act to provide for the Education of Ancillary Dental Personnel has received second reading before the Saskatchewan Legislature.
- 8. In the province of Quebec, three bills have been presented in first reading by the minister of Social Affairs to the Quebec National Assembly:

Bill 250: Professional Code
Bill 254: Dental Act
Bill 266: Denturologists Act

LEGISLATION

The College of Dental Surgeons of the Province of Quebec has amended its By-laws to add two new specialties - Endodontics and Pedodontics.

9. This Council extends its appreciation to the corporate secretaries and provincial registrars for their kind assistance during the past year.

The Council on Legislation is commended for its work throughout the year.

RECORDS DEPARTMENT

Miss A.M. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association the deaths of the following members have been recorded:

BAXTER, Sidney James -- Dalhousie '51..... Amherst, N.S.
 BEN EZRA, Isaac Meyers -- RCDS '20 Windsor, Ont.
 BERGERON, Bernard -- Montreal '44 Matane, P.Q.
 BELLEMARRE, Romeo P. -- Montreal '23 Yamachiche, P.Q.
 BOYD, Dalton Madill -- RCDS '16 Creemore, Ont.
 BRYCE, William Drummond -- Toronto '27 Ottawa, Ont.
 CHATEL, J. Herman -- Montreal '37 Montreal, P.Q.
 CHENEY, Percy Jack -- North Pacific '25 Vancouver, B.C.
 CONBOY, James Harold -- RCDS '22 Toronto, Ont.
 COUTURE, Aimé -- RCDS '19 Hull, P.Q.
 CRAIG, George Harold -- Toronto '42 Belleville, Ont.
 CROFT, Robert Frederick Hastings -- RCDS '25 Kitchener, Ont.
 DERKSON, William Hardy -- Alberta '31 Clearbrook, B.C.
 EPSTEIN, Louis Stanley -- McGill '32 Montreal, P.Q.
 FENECH, Louis Joseph -- Toronto '31 Windsor, Ont.
 FRAPPIER, Irene -- Montreal '28 Chateauguay, P.Q.
 HAY, Douglas Cecil -- Toronto '28 Peterborough, Ont.
 HERSH, Harold Henry -- McGill '25 Montreal, P.Q.
 HICKS, Alfred Andrew --RCDS '02 Chatham, Ont.
 HOLDEN, A.W. -- Legislation '23 Winnipeg, Man.
 HUTCHISON, John Robinson -- Tufts '24 Saint John, N.B.
 JAMIESON, Roy -- Northwestern '12 Vancouver, B.C.
 JARJOUR, E.J. -- McGill '17 Winnipeg, Man.
 JOHNSTONE, Donald Guthrie -- Toronto '33 Niagara Falls, Ont.
 JONES, E.M. -- Chicago '18 Melita, Man.
 JONES, William McGregor -- Baltimore '16 Bathurst, N.B.
 KINGMAN, Douglas Henry Ross -- Toronto '52 Willowdale, Ont.
 LABELLE, Charlemagne -- Montreal '26 Montreal, P.Q.
 LEFEBVRE, Osias Adelard -- McGill '15 Montreal, P.Q.
 LEGER, L. Oswald -- Montreal '19 Saint John, N.B.
 LORENTZ - Jerome Reinhardt -- RCDS '24 Baden, Ont.
 MacISAAC, Stephen George -- Dalhousie '23 Glace Bay, N.S.
 MacKENZIE, Roderick Murray -- North Pacific '24 .. Sidney, B.C.
 MARSHALL, Leslie Frederick -- Oregon '23 Vancouver, B.C.
 McCORMACK, Roy Aberdeen -- RCDS '17 Edmonton, Alta.
 McGOWAN, Edmund Stanislaus (Stan) --RCDS '18 Toronto, Ont.
 MORROW, Margaret Annetta (nee Kinsman) -- RCDS '21 Toronto, Ont.
 MOSE, Vincent Edward -- North Pacific '26 Vancouver, B.C.
 NILSEN, Arnulf Hilmar -- Dundee '60 Leader, Sask.
 NIMMONS, George Rista -- Indiana '11 Vancouver, B.C.

NECROLOGY

PATTERSON, Richard Ashmer -- RCDS '11 Kemptville, Ont.
 PELCHAT, Louis Phillipe -- Montreal '44 St-Georges de Beauce, P.Q.
 POMMER, William Albert -- RCDS '20 Winnipeg, Man.
 PORTER, William Arthur -- RCDS '18 Toronto, Ont.
 PRICE, Rowland Fennell -- RCDS '15 Ottawa, Ont.
 REID, Clifford George -- RCDS '22 Georgetown, Ont.
 ROOS, Harrison Charles -- RCDS '18 Paris, Ont.
 SCHOLLES, Jess Isidore -- Toronto '27 Hamilton, Ont.
 SLONE, Abram -- RCDS '19 Ottawa, Ont.
 SULLIVAN, Charles Archibald -- Dalhousie '29 Sydney, N.S.
 TAYLOR, Omer Crosby -- Dalhousie '30 Antigonish, N.S.
 THOMAS, Herbert Edward -- Philadelphia '07 Vancouver, B.C.
 THOMSON, Harry S.* -- Tufts '06 Moncton, N.B.
 WALKER, Robertson Roy -- RCDS '09 Toronto, Ont.
 WALLACE, Russell Ernest -- Toronto '45 Winnipeg, Man.
 WATERHOUSE, Gerald Neil -- Alberta '54 Edmonton, Alta.
 WIGLE, Ivan James -- RCDS '09 Hamilton, Ont.
 WOOLLATT, Robert Sidney -- RCDS '09 Toronto, Ont.

*Honorary Member Canadian Dental Association

NOMINATIONS

MEMBERS: D.K. Peters, Chairman, St. John's; R.O. Brett,
Regina; H. Brouillet, Montreal; D.C. Clee, Toronto.

R E P O R T

1. Appended herewith (Appendix 1) is a list of nominees prepared in accordance with the By-laws, Article IX, Section 4(k).
2. Council is grateful for the assistance of nominators and for the willingness of leading members of our profession to serve the Association.
3. Council regrets having listed three vacancies in the Council on Education where, in fact, only two existed. The President has appointed Dr. D.R. Gratton to fill the unexpired term of Dr. N.L. Diefenbacher.
4. Council extends the Association's appreciation to Officers, Council Chairmen and Members who are retiring from office this year.

EXECUTIVE COUNCIL

5. The outcome of the election for President-elect may affect the Executive Council ballot by altering the number of vacancies required to be filled. Therefore, the election for the President-elect will be held between 9.00 - 10.00 a.m. on Saturday, June 3, and the remaining elections will be held on Saturday morning following announcement of the results of the ballot for President-elect.

COUNCIL ON NOMINATIONS

6. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the President-elect who serves as chairman. The By-laws state that the membership of the Council should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

R.O. Brett, Regina	1972(1) - first term; eligible for re-election
H. Brouillet, Montreal	1973(1)
D.C. Clee, Toronto	1974(1)

NOMINATIONS

CHAIRMEN OF COUNCILS

7. The Board's attention is directed to paragraphs 13 - 16 in the Report of the Council on Constitution and By-laws which makes reference to the appointment of Council Chairmen by the Executive Council.

ELECTED OFFICERS, OFFICIALS AND COUNCIL MEMBERS

8. A complete list of elected officers, officials, council members and council chairmen will be published in the Transactions as Appendix 2 to this report.

Appendix 1

The following is a list of all nominees for each open elective office:

CHAIRMAN OF THE BOARD (one to be elected)	- G.M. Dundass, Montreal - W.P. Munsie, Vancouver
PRESIDENT ELECT (one to be elected)	- J.E. Abra, Winnipeg - I. Hrabowsky, St. Catharines

ooOoo

COUNCILS

EXECUTIVE (three to be elected)	- H.L. Mussells, Montreal - G.G. Orser, Fredericton - J.F. Reid, Vancouver - F.T. Wihak, Regina
AUXILIARY SERVICES (one from each of the three provinces to be elected)	- Ont. - Nfld. - Que. - R.K.M. Federchuk, Ont. - R. Quigley, Nfld. - S. Silver, Quebec
COMMUNICATIONS (three to be elected)	- G. Baril, Montreal - G.J. Chong, Toronto - W.J. Spence, Toronto - G.S. Zwicker, Halifax
CONSTITUTION AND BY-LAWS (two to be elected)	- P.S. Christie, Halifax - W.J. Spence, Toronto
DENTAL SERVICES (one from each of the three provinces to be elected)	- Ont. - Nfld. - Man. - R. Crawford, Ont. - C.P. Daly, Nfld. - H. Tregobov, Man.
EDUCATION (one from each of	- ACFD - RCD(C) - E.R. Ambrose, Montreal - W.H. Feasby, London
ETHICS (one to be elected)	- R.A. Epstein, Halifax - W.R. Upton, Vancouver
HEADQUARTERS PROPERTY (one to be elected)	- O.J. Yule, Toronto
HOSPITAL SERVICES (three to be elected)	- K.C. Bentley, Montreal - L. Caslake, Bridgewater - G.K. Hurd, Kitchener - P. Surprenant, Sherbrooke

NOMINATIONS

LEGISLATION (one to be elected)	-	O.H. Phillips, Ottawa
NOMINATIONS (one to be elected - nominations received from the floor)	-	R.O. Brett, Regina
	-	W.R. Upton, Vancouver
PUBLIC HEALTH AND PREVENTIVE DENTISTRY (two to be elected)	-	D.C.T. Bullen, Comox
	-	G.A. Cormier, Moncton
	-	S.G. Geldart, Edmonton
	-	E. Hannigan, Halifax
RESEARCH (six to be elected)	-	A.P. Angelopoulos, Halifax
	-	S.M. Borden, Winnipeg
	-	J. deVries, Montreal
	-	H.M. Dick, Edmonton
	-	A.J. Gwinnett, London
	-	N.R. Thomas, Edmonton

There being no further nominations, the chairman declared the nominations closed.

Appendix 2

ELECTED OFFICERS, OFFICIALS, COUNCILS 1972-73

PresidentD.K. Peters, St. John's
President-electJ.E. Abra, Winnipeg
Immediate Past PresidentL. Bernier, Quebec
Chairman of the BoardW.P. Munsie, Vancouver

COUNCILS

Executive	D.K. Peters, St. John's, Chairman	
	L. Bernier, Quebec	
	J.E. Abra, Winnipeg	
	I. Hrabowsky, St. Catharines	1973 (1)*
	J.F. Reid, Vancouver	1974 (1)
	H.L. Mussells, Montreal	1974 (1)
	F.T. Wihak, Regina	1974 (1)

* First term of office expiring 1973
** Filling unexpired term

NOMINATIONS

Auxiliary Services	E.F. Allison, Calgary	1973(2)
	C.D. Miekle, Vancouver	1973(1)
	A.J. Daly, Saskatoon	1974(1)
	S. Norquay, Winnipeg	1973**
	R.K.M. Federchuk, Oakville	1975(1)
	S. Silver, Montreal	1975(2)
	D.W. Feeney, Fredericton	1974(1)
	D.C.T. Macintosh, Halifax	1973**
	R.G. Romcke, Charlottetown	1974(1)
	R. Quigley, St. John's	1975(1)
Communications	M.D. Klotz, Willowdale	1974(1)
	W.J. Spence, Toronto	1975(2)
	D.V. Allen, Windsor	1974(1)
	I. Hrabowsky, St. Catharines	1973(1)
	L. Bosse, Dorval	1973(2)
	G. Baril, Montreal	1975(1)
	G.J. Chong, Toronto	1975(1)
Constitution and By-laws ...	H.R. MacLean, Edmonton	1974(1)
	P.S. Christie, Halifax	1975(1)
	H. Brouillet, Montreal	1973(1)
	W.J. Spence, Toronto	1975(1)
Dental Services	R.G. Dickson, Drumheller	1973(2)
	W.D. McGinnis, Vancouver	1973(1)
	J.W. Mackay, Saskatoon	1974(1)
	H. Tregobov, Winnipeg	1975(1)
	R. Crawford, Sarnia	1975(1)
	H. Hamel, Quebec	1974(2)
	J.T. Dowd, Moncton	1974(1)
	D.A. Eisner, Halifax	1973(2)
	H.C. Stewart, Kensington	1974(1)
	C.P. Daly, St. John's	1973**
Education	K.J. Paynter, Saskatoon	1973(2)
	M.J. Crompton, Moncton	1974(2)
	G.E. Decker, Edmonton	1973(1)
	D.R. Gratton, Grand Bend	1973**
	E.R. Ambrose, Montreal	1975(1)
	L.G. Mandin, St. Paul	1973(1)
	J.D. Purves, Toronto	1974(1)
	W.F. Hancock, Fort Qu'Appelle	1973(1)
	W.H. Feasby, London	1975(1)
Ethics	R.M. Le Blanc, Montreal	1973(2)
	R.A. Epstein, Halifax	1975(1)
	K.F. Pownall, Toronto	1974(2)
	W.K. Martin, Regina	1973(2)
	G.E. Decker, Edmonton	1974(2)

NOMINATIONS

Hospital Services	K.C. Bentley, Montreal	1975(2)
	A.G. Parnell, London	1974(1)
	G.K. Hurd, Kitchener	1975(2)
	P. Surprenant, Sherbrooke	1975(1)
	S.M. Claman, Winnipeg	1974(1)
Insurance and Investment ...	D.C. Way, London	1974(1)
	C.L. Moran, Montreal	1973(1)
	R.A. Hugill, Toronto	1974(1)
	R. Rasmussen, Calgary	1973(1)
	D.C. Steeves, Moncton	1973(1)
	O.F. Wright, Vancouver	1974(1)
	F.J. Furlong, Windsor	1974(1)
Legislation	H.C. Budgen, Ottawa	1973(1)
	K.F. Pallett, Ottawa	1974(2)
	O.H. Phillips, Ottawa	1975(1)
Nominations.....	J.E. Abra, Winnipeg	
	D.C. Clee, Toronto	1974(1)
	H. Brouillet, Montreal	1973(1)
	W. Ross Upton, Vancouver	1975(1)
Public Health and		
Preventive Dentistry	C.H. McCormick, Winnipeg	1973(2)
	C.W.B. McPhail, Saskatoon	1974(1)
	D.C.T. Bullen, Comox	1975(1)
	N.S. Watkins, Ottawa	1974(1)
	G.A. Cormier, Moncton	1975(1)
Research	N.R. Thomas, Edmonton	1975(2)
	A.P. Angelopoulos, Halifax	1975(2)
	R.C. Burgess, Toronto	1974(2)
	P.C. Desautels, Montreal	1974(1)
	A.J. Gwinnett, London	1975(1)
	C.S.C. Lear, Vancouver	1974(2)
	H.M. Dick, Edmonton	1975(2)
	Joan de Vries, Montreal	1975(1)
	J.E. Stakiw, Saskatoon	1974(1)
	S.M. Borden, Winnipeg	1975(1)

Executive: A.E. Swanson, President, Vancouver; P. Mercier, President-elect, Montreal; V.K. Seth, Secretary, Vancouver; E. Millar, Immediate Past President, Montreal.

R E P O R T

1971 ANNUAL MEETING

1. The 1971 meeting was held in Ottawa on Thursday, September 30 and Friday, October 1, in conjunction with the annual meeting of the Canadian Dental Association.
2. It was a privilege to participate with the Canadian Association of Orthodontists in a joint meeting given over to the subject of surgery versus orthodontics as modalities of treatment. This meeting, as attested to by all present, was highly successful and is another indication of the continuing efforts on behalf of the specialties of dentistry to communicate with one another in areas of common interest in order to bring the benefits which accrue therefrom to our patients.
3. The Canadian Society of Oral Surgeons was privileged to have in attendance at its annual meeting the president of the International Association of Oral Surgeons, Dr. Jorgen Rud from Denmark. The CSOS is an affiliate member of the IAOS and it was indeed a pleasure to have the president in our country for our annual meeting during which he elucidated on the several matters of concern and the hopes for the future of the IAOS.

1972 ANNUAL MEETING

4. In the Transactions of last year our president presented a brief historical review of the rationale supporting the decision of the CSOS in 1966 to hold its annual meeting independent of the CDA, on occasion. The meeting this year will be held in the Harrison Hot Springs resort of British Columbia, June 29 to July 2. The Northwest Society of Oral Surgeons has been invited to attend this meeting. The headliner for the scientific portion of the meeting will be Dr. Robert V. Walker, president-elect of the American Society of Oral Surgeons and the Professor and Chairman of the Division of Oral Surgery of the University of Texas.
5. The CSOS is pleased that the Board of Governors, at its annual meeting in 1971, agreed to review the subject of cost-sharing of clinicians between the CDA and the Specialty Sections, through its Conventions Committee, and we look forward to their final decision in this regard.

1973 ANNUAL MEETING

6. It is the intention of the CSOS to hold its 1973 annual meeting in the province of Quebec. Depending on tentative information the meeting will be held either in the metropolis of Montreal or in the environs of the Laurentians.

COUNCIL ON EDUCATION

7. It is noted with satisfaction that the Board of Governors saw fit to direct the Council on Education, at its 1971 meeting, to seek the collaboration of the Section of Oral Surgery in developing acceptable standards for graduate and postgraduate educational programs in oral surgery. To this end the CSOS has developed a document entitled "Guidelines for Graduate and Postgraduate Programs in Oral Surgery" and is submitting it to the Council on Education for its consideration. The CSOS is pleased to have this opportunity to assist the Council on Education in its postgraduate accreditation survey responsibilities and takes this opportunity of offering its continuing support and assistance, if and when required.
8. Proposals for grouping specialties in dentistry: representatives of the Canadian Society of Oral Surgeons lobbied strenuously during 1971 in order to persuade the Board of Governors not to accept the grouping of specialties as presented by the Council on Education. The CSOS therefore was pleased that the Board ruled that its consideration of the two resolutions respecting grouping be postponed until the Council on Education had had an opportunity to communicate more fully with the groups involved. The CSOS, therefore, responded to the invitation of the Committee on Specialists and Specialization, Council on Education, to relay the comments of our group to the Council on Education for its spring meeting. The CSOS continues to remain unequivocally opposed to the grouping of specialties as published in the April 1971 issue of the Journal of the Canadian Dental Association. Our brief is available to any person or group interested in procuring it.

INTERNAL PUBLIC RELATIONS

9. As the membership in the Canadian Society of Oral Surgeons approaches 100 the Executive Council was pleased to see the inception of an internal public relations program under the masterful guidance of our Public Information Chairman, Dr. Paul Chapnick. The first edition of the CSOS Newsletter, described by its editor as a biannual letter to Canadian oral surgeons, was mailed to all members of the Society in March, 1972. This marks the beginning of a program of communications within our membership about ongoing matters which are being dealt with by the Executive Council during the year and enables the membership

to keep apprised of official submissions and positions on important issues of interest to all oral surgeons.

EXTERNAL PUBLIC RELATIONS

10. 1971 was the inaugural year for the presentation by the CSOS of the senior student prize to be presented to the outstanding student in Oral Surgery in the senior class of each of the Canadian dental schools. This prize, a highly valued and current textbook in oral surgery, is inscribed with the Society's crest and appropriate wording recognizing the achievements of the recipient. The recipients of the prize were most appreciative of our Society's endeavours and several of them are now pursuing training in our specialty.

RELATIONS WITH FOREIGN ORAL SURGERY ASSOCIATIONS

11. The CSOS is currently taking under review its position with respect to representation in foreign oral surgery associations. The American Society of Oral Surgeons currently permits one delegate from Canada to sit in its House of Delegates annual meeting. With the development and growth of the Canadian Society of Oral Surgeons our relations with foreign associations, particularly the American Society of Oral Surgeons, requires examination. Our natural affinity for the ASOS follows from the fact that many of our members in years past received their training in the USA and hold many close ties with training centers and individuals in that country. Nevertheless, the ASOS has taken a position which will gradually eliminate Canadian representation as our own national organization matures.

FUTURE MEETINGS

12. The Canadian Society of Oral Surgeons has noted that the Canadian Dental Association is planning on holding its 1974 meeting in Windsor, Ontario. Our organization is presently studying the feasibility of meeting in conjunction with the CDA in Windsor in 1974.

The Board is gratified to note that close co-operation now exists between the Council on Education and the Oral Surgery Section with regard to developing acceptable standards for graduate and postgraduate educational programs in oral surgery.

The Oral Surgery Section is commended for its work during the year.

EXECUTIVE: J.L. Bertrand, President, Dorval; J.S. Little, President Elect, Edmonton; F. Furlong, Vice-President, Windsor; J.J. Schacter, Secretary-Treasurer, Saskatoon.

R E P O R T

1971 ANNUAL MEETING

1. The 1971 annual meeting of the Canadian Association of Orthodontists was held in Ottawa, September 30 - October 2, 1971.
2. The Canadian Association of Orthodontists adopted the following amendments to the Constitution.
3. "That the Constitution be amended:
 - (1) amend Article III, Section 3, to delete 'except in matters that are directly concerned with the Canadian Association of Orthodontists';
 - (2) amend Article V, Section 10, to delete 'In the case of a tie as many ballots are taken as are necessary for election' and add 'In the case of a non-majority vote, a preferential ballot will be taken'. Section 10 to read: 'A majority of the votes cast shall be required for election. In the case of a non-majority vote, a preferential ballot will be taken';
 - (3) amend Article VIII, Section 1, to delete 'and practised in his vicinity' (line 4);
 - (4) amend Article VIII, Section 5, to add after 'vote': 'of members present at meeting'; Section 5 to read: 'Upon recommendation by the Board of Directors, a person may be elected to honorary membership in the Association. The secretary shall send the name of the person proposed for honorary membership to each active member no less than one month prior to the annual meeting. A three-quarters affirmative vote of members present at the meeting shall be necessary before election for honorary membership';
 - (5) amend Article XI, Section 4(m) to delete 'members of the Association' and add: 'Board of Directors'; Section 4(m) to read: 'Invest the funds of the Association only upon the approval of the Board of Directors';
 - (6) amend Article XII, Section 2, to delete (d) and (e) and add: '(d) Be prepared to assist at all meetings' "
4. Fifteen members were elected to membership in the Association, raising the total membership to 197.

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5. The Association Secretary, on instruction, obtained further information regarding the new income tax regulations as they pertained to the specialty of Orthodontics. This information was distributed to the membership.
 6. The annual meeting and scientific sessions of the Association will be held June 3-6, 1972 in conjunction with the CDA meeting in Montreal. Sessions will be held in the Chateau Champlain.
 7. A telegram of congratulations was sent to Dr. L. Bernier on his election as President of the Canadian Dental Association and in his honour the sum of \$100 was sent to the Canadian Fund for Dental Education.

The Orthodontic Section is commended for its work throughout the year.

Executive: N. Levine, President; A. Wood, Past President;
G. Perreault, Vice-President; R. Margolis,
Secretary-Treasurer.

R E P O R T

1. The annual meeting of the Canadian Academy of Paedodontics was held at the Skyline Hotel, Ottawa, September 30 - October 1, 1971. Clinicians were: Drs. W. Feasby, D.A. King, G.Z. Wright, and A. Shapira. Dr. M. Buonocore was the guest clinician speaking on "Current Status of Fissure Sealants".
2. Items of business discussed were as follows:
 - i) To accept Dean G. Nikiforuk as an Honorary Member of the academy.
 - ii) Discussion on regrouping of specialties -- decided to leave the status quo since this area had already received considerable discussion.
 - iii) Discussed feasibility of holding annual meeting not in conjunction with CDA because of poor publicity and attendance. No decision reached but Task Force consisting of Drs. King, Moran, Rife (rep. CSDC), and Wright, with Wright as chairman, was formed to consider this problem as well as the nature and scope of a national meeting.
 - iv) Convention Plans for Montreal 1972: Drs. Perreault and Dundass in charge.

The Paedodontic Section is commended for its work throughout the year.

Executive: A. Winnick, President, Toronto; C. Durrand, President Elect, Montreal; J.D. Stewart, Secretary-Treasurer, Peterborough.

R E P O R T

ANNUAL MEETINGS

1. The Annual Meeting of the Canadian Academy of Periodontology was held at the Skyline Hotel, Ottawa, Ontario on October 1-2, 1971 in conjunction with the Annual Meeting of the CDA. The clinicians were Dr. D. Walter Cohen, Dean of the School of Dentistry of the University of Pennsylvania and Dr. Tony Melcher of the Department of Oral Biology of the Faculty of Dentistry of the University of Toronto. Both men have international reputations and delivered excellent lectures.
2. The 1972 meeting is scheduled for the Hotel Bonaventure in Montreal on June 2 - 3, 1972. This meeting is also in conjunction with the CDA Annual Meeting. The clinicians are Dr. Gerald M. Kramer of Boston University, Graduate School of Dentistry, noted Periodontist and educator, and Dr. M. Tellier, Paedodontist of Montreal.
3. The 1973 meeting is tentatively scheduled for Jasper, Alberta, just prior to the Vancouver CDA meeting.

MEMBERSHIP

4. The Academy Membership consists of 77 active, 31 associate and 2 honorary members. This represents approximately 20% increase in active membership in the past three years. Surely this is a healthy sign for the Academy and the future of Periodontology in Canada.

HIGHLIGHTS

5. This is a short year for the Academy as this Executive has held office only from September 1971 through June 1972.
6. The Academy has had constructed ten view boxes for display at the annual CDA meeting. These boxes will display either professional educational material or cases which will serve as our contribution to the continuing education of the profession at annual meetings. They will be transported from meeting to meeting. The cases and material will be changed annually. These boxes will be made available to any dental school or society in Canada for their use between meetings. It is planned to store half of these view boxes in Eastern

Canada; half in Western Canada. A request has already been received for them from the University of Manitoba.

7. The newsletter has been expanded to include not only general news about future meetings but also scientific information.

REGIONAL ORGANIZATION

8. The Canadian Academy continues to co-operate with the American Academy of Periodontology.

1. *The Academy of Periodontology is commended for its informative report and activities throughout the year.*
2. *The Board congratulates the Academy for having its annual meeting in conjunction with this year's annual meeting of CDA and hopes it will continue this practice.*
3. *The Board again commends the Academy for its contribution to continuing education by producing a series of view boxes and is pleased to know that these boxes are available on request.*

It is recommended that the availability of these boxes be more widely publicized to the profession.

4. *The Academy is congratulated on the increase of 20% in active membership during the past three years.*

Louis Bernier

R E P O R T

1. It would have been a pleasure to hold this annual meeting in our home town, Quebec, and welcome you to that historic city. However, the Association des Chirugiens Dentistes de la Province de Québec were planning a spring meeting in this province and in order to demonstrate our willingness to co-operate fully with all professional groups and so that Quebec dentists, as well as those from other provinces, could be given an opportunity to attend and participate in the affairs of our national association, our Conventions Committee agreed to find mutually convenient dates for the organization of a simultaneous meeting. It is my privilege to welcome you all to the city of Montreal where I am sure you will enjoy the hospitality of French Canada. May you always recall happy memories of your stay here.
2. May we express our thanks to the president of "l'Association des Chirugiens Dentistes du Québec", Doctor Hubert Labelle, for his participation and co-operation in achieving this annual convention. It will undoubtedly be beneficial to both dental organizations.

CONVENTION COMMITTEES

3. Grateful acknowledgement should also be given to Dr. Murray Cornish of the Canadian Dental Association and Doctor Claude Chicoine of "l'Association des Chirugiens Dentistes de la Province de Québec" who have arranged an outstanding scientific and social program within a very short period since their task began last October after our first National meeting in Ottawa. Among others, Drs. Miet Kamienski and Gilles Baril for the scientific program; Dr. Denis Laflamme, for local arrangements; and Dr. Margolese, for the social functions, deserve our gratitude. I wish to thank all those who were responsible for local arrangements and worked so hard in making this meeting successful with a special emphasis to the wives who received 'orders' from their husbands. Our staff at headquarters has fully co-operated with the committee's efforts and the realization of this excellent annual meeting is to their credit.
4. We should like to express our appreciation to all Board Members who have retired and address a hearty welcome to those who are joining us for the first time. To the retiring members, we say how greatly we valued their company and appreciated the contributions they made towards solving the problems of the profession.

PRESIDENT

To the new members: we hope they feel very much at ease with their fellow members of the Board, making valuable contributions not only to our deliberations but to all aspects of their professional life throughout the year. This is part of their new responsibilities.

COUNCILS AND COMMITTEES

5. They are the back-bone of our organizational structure. Without the continuing and sometimes tedious efforts of all the members involved in the various aspects of our professional association, these Board meetings would not be possible. We would invite you to give serious consideration to the proposals and findings of their year's activities. To those who give their time diligently on all these Councils and committees: we offer our appreciation and gratitude.
6. For the first time in the history of the Canadian Dental Association, our Board meetings, following a specific recommendation by an ad hoc committee on bilingualism chaired by Dr. Ivan Hrabowsky, will benefit from a simultaneous translation service. We hope this will encourage the participation of French-speaking members of our Association at our Board sessions, and will permit them to express themselves without having to do so in a language with which they are not as familiar as their own. May this assure a greater understanding between the two largest ethnic groups of our nation and promote greater unity within our ranks.
7. Snowstorms, air strikes, technicians' strikes, et cetera, have created quite a difficult situation at times in our visits and commitments to attend meetings. Newfoundland weather was responsible for the loss of my wife for 36 hours! Otherwise we were able to acquiesce to every invitation we received, except for one by the Niagara District Dental Society where a conflicting engagement regrettably prevented us from being there on the occasion of their annual dinner. To all those with whom we had the pleasure of visiting and who exhibited a most cordial and warm hospitality, we extend our sincere gratitude. On many occasions we were the recipient of gifts which we will always treasure.
8. One of our goals was to visit areas which had never received officers of this Association. Chicoutimi, P.Q., was one of them. Unfortunately, plans for another new visit had to be cancelled because of a conflicting schedule. We constantly noted how the presence of our Executive Director was well appreciated. This assures a liaison continuity for our national association. As a full-time officer of the CDA, he is able to inform listeners of current activities and trends of our association. Staff structure at headquarters permitting, we should encourage the Executive Director to pursue and increase this pattern of visiting dental groups across the country.

PRESIDENT'S REMUNERATION

9. To assume the presidency of this Association is certainly a tremendous honour, too heavy for our narrow shoulders, and a privilege few people are permitted to enjoy. This honour is certainly a reward in itself. Nevertheless, I believe we should be pragmatic about these obligations. Everyone realizes that for one to assume this task calls for a considerable portion of his office time, in order to dispose of his obligations properly.
10. These obligations, as our administrative structure grows, become more and more numerous and time-consuming and impose a certain physical strain. In 1968 a remuneration was granted to the president of this Association as a token of appreciation, more than on a remuneration basis. We believe it would not be unreasonable to ask the approval of the Board for a reassessment of this item, at this time. Secondly, we believe it should be the prerogative (and to the benefit of our National Association) of the President and his lady to attend the annual meeting of the Fédération Dentaire Internationale. Most presidents of national associations, I am told, are in attendance at these meetings and it would be fitting that the CDA be represented by its President, as well as its Executive Director, at these international gatherings.
11. Instead of increasing the monetary stipend we offer our president, which is shared extensively by income tax collectors, we propose the following resolution for your consideration.
12. Whereas the obligations of the President of the Canadian Dental Association are becoming more numerous and time-consuming, and

 Whereas as a professional body we should attempt to show our appreciation by offsetting the inconveniences suffered discharging his duties, and

 Whereas the National Association would benefit by an additional representation in international dental affairs, and

 Whereas an additional monetary compensation would be almost insignificant to the recipient, be it resolved

 That the President of the Association and his lady be invited to attend officially the annual meeting of the Fédération Dentaire Internationale at the expense of the Association.

PRESIDENT

ASSOCIATE EDITOR

13. In the course of our term of office, Dr. Marcel Tenenbaum offered his resignation and asked to be relieved of his obligations as Associate Editor of the CDA Journal. To Dr. Tenenbaum we again state our appreciation for the years he spent with us. He has given the best of his abilities in discharging his duties with the Journal, and in many instances assumed a role of leadership in the promotion of dental news and the analysis of current dental social problems. He may be assured of the 'reconnaissance' of all his fellow practitioners for his contribution to dentistry.
14. As a replacement to Dr. Tenenbaum, we were fortunate in finding a man of experience who has already made, in various capacities, a tremendous contribution to dental affairs. Dr. Paul Simard, Secretary to the School of Dental Medicine of Laval University and founder of Le Journal Dentaire du Quebec has accepted this additional responsibility and we take pleasure welcoming our new Associate Editor to the ranks of CDA personnel. I am convinced Dr. Paul Simard will be an asset to our Journal as he has been with all other organizations with which he has been involved.

The Board concurs with the sentiments expressed by the President, welcoming Dr. Simard.

CASSETTE PROGRAM

15. Needless to say, continuing education is one of the major areas of concern of this Association. Its importance is not ignored by those who are associated with different levels of organized dentistry. The Executive Council of your Association after lengthy discussions has agreed it should provide an audio-visual service to the profession as part of a continuing education program.
16. Although the profession has responded favourably in a first mail survey, actual 'sales' of this service have not reached our expectations. A special effort must be made to stimulate the interest of our confrères to subscribe to this service, which is a Canadian program offering every promise of success as a medium for continuing education. It would be a pity if we should lose the benefits of this initiative through lack of interest.

MOVING HEADQUARTERS TO OTTAWA

17. Following instructions and decisions received last year in Ottawa, the Executive Council with the help of its ad hoc committee has attempted to fulfill the requests of the Board. The report will be submitted to your attention and scrutiny during this meeting.

The architect selected, Mr. Wilson, has spent a considerable amount of time studying our particular needs before offering the presentation you will see. We were impressed by his rational approach to the problem.

18. We hope this proposition will stir your enthusiasm and that you will look at it, having in mind the role dentistry could play in the delivery of health services to the nation and how our presence in the Capital could influence decision-making policies initiated not only by the government but by all health agencies working within the governmental framework. It would certainly help to reaffirm the nation-wide scope of our professional activities.

INSURANCE SEMINAR

19. Through a grant of CDSPI, it was possible to hold a seminar on insurance and investment organized by the Council on Insurance and Investment of the Canadian Dental Association. Without delving into all the conclusions of this meeting, our feeling is that the Canadian dentist does not realize and is, in fact, sometimes totally unaware of the savings he can gain through his participation in our national plans. This is probably not the fault of either the Council or CDSPI. It is for us to make fellow members aware of the advantages they can derive from their participation in these plans.
20. It is one of the tangible benefits we obtain from our CDA membership. We must find ways and means of getting the dentist involved in the program earlier in his professional life, especially if we are to expand the scope of these services.

APPRECIATION

21. May I express my gratitude to our Executive Director, Dr. W.G. McIntosh, for his assistance and many kindnesses during my term of office. His ability and diligence towards the work of the National Association are well recognized. We could not wish for a more qualified and dignified representative of our profession. In many instances his 'savoir faire' has more than compensated for the shortcomings of your presidential servant.
22. To Dr. Frank Compton, we express our gratitude for continually assuming additional duties and obligations and still finding time to be of personal service whenever requested. We sincerely thank him on behalf of the profession and assure him of the confidence of us all.
23. To our Treasurer, Dr. Bruce Taylor, we offer our appreciation for the diligence and comprehension he manifests towards all those who seek information on the financial implications of our Assoc-

PRESIDENT

iation. Since assuming this responsibility, Dr. Taylor has made sure the information he was giving was accurate, detailed, and that it provided satisfactory answers. It is a demanding and tedious task which he performs very conscientiously.

24. Our Comptroller, Mr. Murray McDonald, calls for the gratitude of the profession for his constant devotion and the business expertise he has shared with us since he joined our National Association. His contribution is well appreciated.
25. To all Headquarters staff, we extend our grateful appreciation for their willingness to serve and their devotion to this Association. May I also extend my personal thanks for the assistance they have given to me.
26. To the College of Dental Surgeons of the Province of Quebec, we express our gratitude for their financial assistance in offering to foot the bill, above CDA budget limitations, for the President's reception to the Members of the Board and their guests on Saturday, June the third. I am deeply indebted to them for allowing me to maintain the hospitable reputation of my Province.
27. To my professional associates, I am grateful for their understanding and assistance during my term of office in this Association.

The Board sincerely thanks President Bernier and Mrs. Bernier for their untiring and devoted efforts on behalf of this Association during his term of office.

MEETINGS WHERE THE PRESIDENT WAS PRIVILEGED TO
REPRESENT THE CANADIAN DENTAL ASSOCIATION

October 11-12	Atlantic City, U.S.A.	American Dental Association American College of Dentists Dentsply International
October 21	London, Ontario	London District Society
October 26-27-28	Toronto	Council on Insurance and Investment
October 29-30-31	St. John's, N'land	Newfoundland Dental Assoc.
November 7-8-9	Montreal, P.Q.	Montreal Dental Nurses and Assistants Association
November 12-13	Chicoutimi, P.Q.	Societe Dentaire du Saguenay
November 25	Toronto	Academy of Dentistry Winter Clinic

November 26-27	Toronto	Board of Governors, Ontario Dental Association
December 7-8-9	Toronto	Executive Council
December 10	Niagara Falls	Unable to attend because of conflicting dates with CCDPQ Board meeting.
January 20, 1972	Montreal, Quebec City	Societe Dentaire de Quebec
January 28-29	Toronto	CDSPI Board of Directors
February 19-20	Montreal	Seminar on Insurance
February 21-22	Montreal	Secretaries Conference
March 6-7-8	Toronto	Executive Council
March 9	Toronto	Dental Faculty (students)
March 9-10	Halifax	Dalhousie Dental Faculty (students)
March 11	Moncton	Nova Scotia Dental Assoc. New Brunswick Dental Assoc.
April 7	Toronto	CDSPI Board of Directors
April 8-9	Sudbury	Sudbury District Dental Soc.
April 12	Montreal	Joint Convention, American Academy of Endodontists and Canadian Academy of Endodontists.
April 28	Saskatoon	Visit
April 30	Victoria	Visit
May 2	Vancouver	Visit
May 3	Edmonton	Visit
May 14-15	Toronto	Visit

Executive: J. Fiset, Montreal, President; W. Brock Love, Winnipeg, President-elect; G.A. Zarb, Toronto, Vice-President; W.G. Woods, Toronto, Secretary-Treasurer.

R E P O R T

1971 ANNUAL MEETING

1. The annual meeting of the Academy was held in Ottawa, September 25, 26, at the Skyline Hotel. 56 members and 54 guests attended.
2. Future meetings are to be held at the time of the Canadian Dental Association meeting in the form of a 2 day meeting.

MEMBERSHIP

3. 92 active members. 13 associate members.

CANADIAN FUND FOR DENTAL EDUCATION

4. Support for this important organization was expressed by a donation of \$500.00.

LIFE MEMBERSHIP

5. R. Dagg, W.D. Clarke, S. Fraser and C.H. Moses were elected to Life Membership.

HONORARY MEMBERSHIP

6. Carl O. Boucher was elected to Honorary Membership.

FIRST INTERNATIONAL PROSTHODONTIC CONGRESS

7. 3 members of the Section are presenting papers at the Prosthodontic Congress to be held in Las Vegas, October 26, 27 and 28, 1972.

The Academy of Prosthodontics is commended for its activities throughout the year. The Board notes with pleasure that the Academy has established the policy of holding future meetings in conjunction with CDA annual meetings.

The Academy is commended for its continuing generous support to CFDE.

MEMBERS: C.H. McCormick, Chairman, Winnipeg; S.G. Geldart, Edmonton; N.J. Layton, Truro; C.W.B. McPhail, Saskatoon; N.S. Watkins, Ottawa.

R E P O R T

1. The Council on Public Health and Preventive Dentistry met at CDA Headquarters on February 28 - 29, 1972. In the absence of Dr. C.H. McCormick, Dr. N.J. Layton acted as Chairman. In addition to Council members, Dr. T.L. Marsh, Acting Chief of Dental Health Division, Department of National Health and Welfare; Dr. W.C. King, Director of Dental Services, Department of Public Health, Nova Scotia; Dr. G. Pelletier, Chief, Dental Division, Ministry of Social Affairs, Quebec; Major Begin, Department of National Defence; Dr. R. Feasby, Ontario Department of Health and Dr. K.W. Davey, University of Toronto, attended the meeting. Drs. Bell and Chapple of Professional Health Film Production attended for a short period.

PUBLICATIONS

2. At the present time CDA has available nine new-styled pamphlets. The pamphlets are available in both French and English. Four regular styles are still available for distribution and are in the process of being rewritten in the new style.
3. An analysis of the sales of CDA pamphlets for 1971 show sales of French translation dropped by about 8,000 per month as compared with the last two years; this was mainly attributed to the free issue of pamphlets by the Dental Hygiene League in Quebec.
4. Council feels increased interest in CDA pamphlets could be realized through the Public Health Committees of Corporate members' use of CDA display boards suitably located at local dental conferences and other occasions.
5. A priority list for future publication has been drawn up. Progress on last year's priority includes the printing of a pamphlet on periodontia, three pamphlets in draft form, and three under revision. A new pamphlet on preventive dentistry incorporating the use of disclosing agents, the toothbrush and dental floss in dental disease control is to be prepared. Council rejected a suggestion for a new pamphlet on Pharmacotherapeutics, believing there would be little demand.

NEWSPAPER COLUMNS

6. Approximately 200 weekly newspapers continue to receive and use the CDA "Dental Topics", giving about 30 per cent coverage of all English weekly newspapers in Canada. These articles of approximately 250 words are produced by the CDA Public Information Officer.

WEEKLY COLUMN IN DAILY PRESS

7. The difficulties in setting up such a program are recognized; Council agrees with the action taken by the Council on Communications in proposing the engagement of a Canadian dentist for this undertaking.

RADIO

8. Fifteen spot announcements were prepared by the Council for consideration by the Communications Council for a series of radio public service announcements.
9. Council has asked Corporate members, through their appropriate committees, to assist in effecting a broad distribution of these spot announcements.

FILMS

10. The film "Think About It/Pensez-y" has been well received; two prints are available through CDA film distributor. Three dozen prints of this film have been sold.
11. A new film entitled "Prescription: Prevention" donated to CDA by Procter and Gamble Company of Canada has been placed in the CDA film distribution library.
12. The films "Teeth Are to Keep" and "Danny's Dental Date" have been withdrawn from distribution because of vintage and unsuitability as educational material.
13. The acquisition of new films and TV clips by CDA for distribution is highly desirable. Funding presents a problem to both the Council on Public Health and the Bureau of Public Information. Under budget limitations, the possibility of procuring copies of two recently-produced film clips by the University of Alberta students will be explored.
14. Council also charged the Bureau of Public Information with continuing its investigation of arrangements and costs for producing

TV film clips as well as an informative videotape and film program on dental health and modern dental techniques and, subject to availability of funds, with the development of a new TV film clip in 1973 and a videotape/film in 1972/3.

FLUORIDATION

15. Progress in the adoption of fluoridation in Canada is barely keeping ahead of the increase in population.

NATIONAL DENTAL HEALTH INDEX

16. An interim report on the National Dental Health Survey undertaken by the Dental Health Division of the Department of National Health and Welfare was issued in March 1971 on a confidential basis. The final report is expected to be made available for distribution by the Department by the end of 1972.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

17. Council welcomes the interest displayed by the Committee on Community Dental Health of the Canadian Dental Hygienists' Association to play a more active role in community dental health. Hopefully at the next meeting of Council a representative of the CDHA will attend and positive suggestions for joint efforts of promoting public health and preventive dentistry will ensue.

DEPARTMENT OF NATIONAL HEALTH & WELFARE PROPOSED DENTAL THERAPIST TRAINING PROGRAM

18. Council expresses some concern regarding the Federal Government's new program for training of dental therapists in the Northwest Territories. Information currently available suggests the program is a departure from the recognized training and use of auxiliary personnel in Canada. Council has requested that this program be brought to the attention of the Council on Auxiliary Services for whatever action they deem necessary.

'NO SMOKING' WALL PLAQUES

19. Council has been advised of the availability of 'No Smoking' signs for use in public offices from the Health Education Branch of the Department of National Health and Welfare, Ottawa.

NATIONAL DENTAL HEALTH WEEK

20. The Council supports in principle the establishment of a National Dental Health Week providing required funds for the program are available. The Week should coincide with the American Dental Association promotions in this field, which usually fall in the second week of February.

The Council on Public Health and Preventive Dentistry is commended for its extensive work throughout the year and a most informative report.

The Board wishes to compliment the Council on its diligence in preparing nine new-styled pamphlets available in both English and French.

Executive: Paul Simard, President, Quebec City; Frank McCombie, President Elect, Victoria; J.M. Conchie, Secretary, Surrey; A.T. Salter, Treasurer, Edmonton.

R E P O R T

1. The 1971 annual meeting of the Canadian Society of Public Health Dentists was held in Ottawa, on October 2, 1971.
2. The speaker for the scientific session was Dr. Sumter Arnim of Houston, Texas, who also made a presentation in a general session of the Convention.
3. Three new members were elected to active membership. There are at present 61 active members.
4. Dr. H.K. Brown was elected to Honorary Membership in this Society in recognition of his contributions to Public Health Dentistry.
5. The meeting voted to support the proposal of the Council on Education re the grouping of specialties.
6. A special committee with R.E. Feasby, Toronto, as chairman, put forward on behalf of the Society a new formal application to the Council on Education for recognition of Public Health Dentistry as a specialty.
7. A brief respecting preventive dental services was submitted to the Project Director, Community Health Centre Project, whose committee is investigating the matter of the delivery of Ambulatory Health Care through various forms of health centres.

The Canadian Society of Public Health Dentists is commended for its activities throughout the year.

RESEARCH

MEMBERS : L.E. Francis, chairman, Montreal; A.P. Angelopoulos, Halifax; R.C. Burgess, Toronto; H.M. Dick, Edmonton; P.C. Desautels, Montreal; Z. Kasloff, Winnipeg; C.S.C. Lear, Vancouver; D.S. Moore, London; N.R. Thomas, Edmonton; J.E. Stakiw, Saskatoon.

R E P O R T

1. The annual meeting of the Council on Research is scheduled for June 15-16, 1972. Because of this, the following is an interim report.

FLUORIDATION

2. Council continues to be interested in and a supporter of the CDA fluoridation program. Since the last meeting of the Board, Dr. R.C. Burgess has been called upon to refute statements of an anti-fluoridation nature contained in a monograph entitled "Environmental Fluoride" by J. Marier and D. Rose of the National Research Council and on three related monographs prepared by the Montreal S-T-O-P organization.

CDRF RESEARCH AWARD

3. The year 1971-72 has shown an increase in interest in this award. Five theses have been presented for consideration by the committee. A new committee from the Council on Research will be appointed to carry on the work ably conducted by Dr. Demirjian, chairman, and his two members, Drs. Johnston and Cleall, whose terms of office will expire at the next Council date. Council believes it is imperative that the promotion of this award be maintained at its present high level.
4. This year's winner is Dr. John Stamm, whose graduate work was carried out at the University of Toronto in the field of Community Dentistry. Dr. Stamm is now on the staff of the Faculty of Dentistry, McGill University, where he is participating in the development of course material and research in the field of Community Dentistry. He is also associated with the Department of Epidemiology, Faculty of Medicine, McGill University.

COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

5. This committee consists of Dr. Z. Kasloff, chairman, Drs. L.N. Johnson, D. Smith, D. Gau, J.M. Gourley. The committee has had two meetings since the last Board sessions, the purpose of which was to develop a format for evaluating and testing materials and devices

which might be introduced into Canada for use by the dental profession. The committee has proposed several new and interesting approaches with respect to the scrutiny of both advertising material and the products themselves. Their suggestions will be considered in some depth by the Council on Research and recommendations will be made by the Council to the Board at its 1973 meeting.

SURVEY OF DENTAL RESEARCH IN CANADA

6. A survey is currently being conducted by Dr. Angelopoulos and his committee who are attempting to devise a more thorough and meaningful method of evaluating dental research in Canada. In the past this has been done in rather a general way with much left to be desired. It is hoped that this new survey will give a much clearer picture of the actual dental research activities in this country.

CANADIAN COUNCIL ON ANIMAL CARE

7. During the last few years there has been a great deal of concern about animal care in the various research departments of universities and commercial companies, particularly pharmaceutical companies. Dr. Angelopoulos was appointed to the Council on Animal Care as a representative from the Council on Research. The appointment was made two years ago; during the first year, a variety of surveys were made and various proposals made insisting that animal rooms should meet various basic standards. Council looks forward to a further report in June at its annual meeting.

CANADIAN DENTAL RESEARCH CONFERENCE 1972

8. This year's Seventh Biennial Research Conference is a joint effort of the CDA Council on Research and the Association of Canadian Faculties of Dentistry. It will be held at Lake Couchiching, Ontario, from June 12-14. The meeting will involve both discussion panels and short communications on dental research presented by various researchers from dental faculties in Canada. A great deal of effort has been expended by both groups to assure the success of the 1972 Conference.

GENERAL

9. In general, Council members have been active in many capacities during the past year but because of the timing of various meetings, full discussion of the committee activities will not be possible until the Council meets in June.

RESEARCH

As the Council on Research will not hold its annual meeting until June 15-16, 1972 the report is of an interim nature only.

The various committees of the Council are commended for their activities during the year.

RESOLUTIONS
SPECIAL

The Special Resolutions Committee has with great care made a list of those people who have given unstintingly of their time and effort to ensure the success of our meeting. Singled out for special recognition are the following:

1. Monseigneur Pierre Decary, who delivered the invocation at the opening session of the Board.
2. President and Madame Louis Bernier, for their gracious hospitality on Saturday evening, June 3, at the Montreal Badminton and Squash Club.
3. Dr. H.L. Mussells, President of the College of Dental Surgeons of the Province of Quebec, and his colleagues for the generous assistance of the CDSPQ in underwriting a portion of the costs of the dinner at the Montreal Badminton and Squash Club during the meeting of the Board.
4. The Province of Quebec for hosting the official CDA Installation Luncheon on Wednesday, June 7.
5. Dr. Murray Cornish, Chairman of the 1972 Convention Committee and his Committee.
6. Drs. Claude Chicoine and Denis Laflamme, Co-Chairmen and members of the Local Arrangements Committee.
7. Mrs. Margot La Belle, Mrs. Cecile Charette and Mrs. Farla Margoiese and their Ladies Committee.

It is understood that the Convention Chairman will, in the name of the Association, express our appreciation to the many individuals and organizations who have contributed to the success of the Convention.

It is moved that the Report of the Special Resolutions Committee be adopted.

Adopted

RESOLUTIONS
SUBMITTED

1. Submitted by the College of Dental Surgeons of the Province of Quebec:

"That Art. II Members (CDA Constitution and By-laws)

Section 2, Individual members, be amended to read:

'Section 2, Individual members. Individual members shall consist of those licensed dentists who are registered as members of corporate members and who have been admitted to membership in the Association upon the recommendation of the governing bodies of the corporate members or who have been admitted to individual membership in the Association by the Executive Council.'

"Note: Concordance will be required with Art. VI sect. 8(1) and Art. XV sect. 1 and 2."

The Board recommends that no action be taken on this resolution and proposes the following substitute resolution:

Whereas proposed provincial legislation in the Province of Quebec which might alter membership in the CDA has not yet been enacted,

be it resolved

That consideration of the CDSPQ proposal to alter the present CDA individual member category be postponed indefinitely.

Adopted

2. Submitted by the Manitoba Dental Association:

"Whereas each corporate member of the CDA enters into negotiations with several similar national and provincial government organizations, and

"Whereas government organizations seem to have channels of communication for comparative information when negotiating with corporate members, therefore be it resolved

"That the Canadian Dental Association do comparative studies, province by province, of dental services rendered by the profession and fees established in areas of welfare dentistry, Department of National Health and Welfare (for both Indian Affairs and Medicare) and Department of Veterans Affairs, and

"That this information be collected, kept current, and made available to the corporate members of the CDA."

3. Submitted by the Manitoba Dental Association:

"Whereas there are many insurance firms writing prepaid dental plans, and

"Whereas many of the head offices of these firms are located in the various provinces of Canada, and

"Whereas many patients are presenting at dental offices in the various provinces covered by a prepaid dental plan, and

"Whereas in many cases these patients are not totally aware of what their dental plans contain as related to deductibles, co-insurance and dental coverage, therefore be it resolved

"That the Canadian Dental Association collect information from insurance firms that are underwriting prepaid dental insurance plans about the type of plans they are providing and the groups that have purchased plans, and

"That this information be kept current and made available to the corporate members of the Canadian Dental Association."

The Board recognizes the desirability of a central registry such as proposed in the submitted resolution from the Manitoba Dental Association.

However, in view of solicited comments from the Executive Director of the Canadian Association of Accident and Sickness Insurance in which the difficulties of operating such a registry with respect to time, expense and maintaining up to date information are enunciated, and also in view of the joint efforts now being put forth by the CAASI and the CDA Council on Dental Services to develop an identification card which will show the dental benefits to which the insured is eligible, the Board does not believe further action should be taken at this time.

Resolved

That action on the proposals contained in submitted resolution No. 3 be postponed indefinitely.

Adopted

Executive: D.H. MacDougall, President, Edmonton; D.B. McAdam, Past President, Toronto; W. Grenkow, President-Elect, Winnipeg; R.P.W. Ryan, Secretary-Treasurer, London.

R E P O R T

ANNUAL MEETING

1. The Canadian Academy of Restorative Dentistry held its annual business meeting and two days of lectures at the Chateau Laurier, the National Defence Medical Centre, and the National Research Council in Ottawa on September 27-28, 1971.

MEMBERSHIP

2. Active Members - 61
Honorary Members - 8
Retired Members - 1

Two resignations from membership have been received.

Two members have been elected to Honorary Membership.

ACTIVITY HIGHLIGHTS

3. A motion to limit membership to seventy-five was returned to the Constitution and By-Law Committee to be reworded so that it would be more in keeping with the true purpose and intent of the Academy.
 4. Contributions to the Canadian Fund for Dental Education are continuing.
-
1. *The Academy of Restorative Dentistry is commended for its informative report and activities throughout the year.*
 2. *The Board notes with pleasure that contributions to the Canadian Fund for Dental Education are continuing.*

ROYAL COLLEGE OF DENTISTS OF CANADA

(Information Statement presented to the Canadian Dental Association Board of Governors - June 1972)

1. The last Information Report of the Royal College of Dentists of Canada was presented to the Board of Governors in September, 1971, in Ottawa.

FELLOWS

2. At the present time the College has 78 Charter Fellows, 139 by examination and 13 Honorary Fellows. At the Convocation in Montreal on June 5 we hope that 9 Fellows will receive their Fellowships, having successfully completed the Part I and Part II examinations.

EXAMINATIONS

3. The Part I(written) examinations will be held in regional centres on September 27, 1972, and the Part II (oral) examinations will be held in Toronto on December 8 and 9, 1972. There will be approximately 25 candidates writing the Part I examinations, including one in the Dental Sciences Group (Oral Pathology).

STANDARDIZATION OF SPECIALTY CERTIFICATION ACROSS CANADA

4. The College is continuing to co-operate with the National Dental Examining Board who have approached the provinces with the suggestion that they accept one standard for specialty certification examination, with resulting portability of this certification. The Royal College of Dentists of Canada is willing to provide the examining facilities and has already had enquiries, from one province, about doing so in two specialty areas. One of the obligations imposed upon the College by its Act of Incorporation is to promote high standards of specialization.

CONTINUING EDUCATION SERVICE

5. Work is still going on in the area of monographs directed towards various areas of practice in dentistry. These will be published in the Journal of the Canadian Dental Association or distributed separately to all the Fellows of the College.

SCIENTIFIC SPEAKER

6. This year in Montreal, the Royal College will sponsor a lecture by Dr. I. Kleinberg of Winnipeg entitled "Dental Plaque and its relation to Caries and Periodontal Disease". Dr. Kleinberg has an international reputation in his field and is a Fellow of the College in the Dental Sciences Group.
7. The College's overtures to the provincial licensing bodies have not resulted in any concrete action, with the exception of the one province mentioned earlier and this has been somewhat of a disappointment. Nonetheless, if and when the provinces feel the necessity of utilizing the Royal College's examining facilities, the College is still prepared to assist in any way possible.

W.H. Feasby, President
J.E. Speck, Secretary-
Registrar-Treasurer

Treasurer: J.B. Taylor

R E P O R T

INTRODUCTION

1. As directed by Executive Council, my 1972 report minus budget figures for 1973 has been included in the advance distribution of the Board's agenda book. (1971T197)
2. The 1971 financial statements and analyses were presented to the Executive Council at its March 6-8, 1972 meeting. Resulting actions by Council are noted in Council's report to the Board. I sincerely hope this change in procedure will be helpful to Board members.

FINANCIAL STATEMENTS - 1971

3. Appendix T1, Actual versus Budgeted Revenue - 1971, reveals that our total revenue was \$446,251. and that we exceeded our 1971 revenue budget by \$46,751. An explanation of major variances is noted on Appendix T1. A similar analysis of 1971 expenditures compared with the budget approved is included as Appendix T2. Major differences are discussed in the notes on Appendix T2. Actual costs exceeded our 1971 budget by \$29,299.
4. The audited financial statement of the Association form Appendix T3.

RESERVE FUND

5. The market value of bonds in the Reserve Fund portfolio improved some five per cent during 1971, and hopefully will continue to rise.
6. At December 31, 1971, the market value of Retirement Savings Plan units held by the Association was \$100,108. You will be pleased to know that this represents an improvement from December 31, 1970 of \$11,096. At March 31, 1972 the market value of units held had risen to \$109,398.

SECURITIES

7. Changes in security holdings during 1971 are detailed in Appendix T4. Securities held at December 31, 1971 are listed in Appendix T5.

SPECIAL GRANTS

8. Special grants and sundry income to the Association during 1971 are described in notes to Appendix T1. The gratitude of the Association has been expressed to the donors of these generous grants.

CDA JOURNAL

9. An analysis of revenue and expenses experienced in the production of the Journal during 1971 appears as Appendix T6.

1973 BUDGET

10. Before presenting the budget, I feel it is in order to make a few pertinent remarks.
11. Again I would be remiss if I did not express my sincere appreciation to Murray McDonald, Bill McIntosh and Jim Glover for their invaluable assistance at all times.
12. I hope the analysis of the auditors' statement sent out with the agenda books has been of help to the Board.
13. I have tried in the explanatory notes to the 1971 statement and 1973 budget to answer as many anticipated questions as possible.
14. I shall be pleased to provide answers to any additional questions that may be raised by the Board.
15. It is indeed a pleasure to present a budget that shows a small surplus.
16. While not as large as anticipated, the increased grant from Ontario has helped considerably to ease the financial strain of the last two years.
17. Since the move to Ottawa will be discussed by the Board, no attempt has been made to adjust budget figures. Should the decision be in the affirmative, these figures will be available for discussion at the Committee's presentation.
18. It has been a privilege to serve the Association during my term of office.
19. The 1973 budget as presented produces a surplus of revenue over expenditures of \$16,000.
20. Estimated revenue for 1973 is shown in Appendix T8, and an analysis of corporate grants to CDA follows as Appendix T9. The budgeted expenditures of the Association for 1973 are shown in Appendix T10. Each of the Appendices T8, T9 and T10 includes comparative figures for previous years. Explanatory notes on Appendix T10 appear below in paragraph 23.
21. An analysis of the budget requests by CDA bureaux, councils and committees for 1973 is shown in Appendix T11.
22. Appendix T12 is an analysis of estimated revenue and expense in the CDA editorial department, with comparative figures for previous years.
23. The major cost increases in the 1973 budget are summarized below (see Appendix T10):

a) Annual Board Meeting

The higher cost of the 1973 Board meeting is a result of increased travel costs. Air transportation for the Vancouver meeting is expected to more than double that of 1971 or 1972.

b) Office Administration Fund

The establishment of an office administration fund, to be utilized at the discretion of the Executive Director, was given a high priority by the Board during the 1971 meeting (1971T196).

c) Office Supplies and Expense

Office expenses in general have risen as a result of the recent acquisition of additional staff at headquarters.

d) Publications (not JCDA)

Supplies and outside printing expenses have risen in recent years, chiefly because the CDA printing shop does not have the necessary equipment to satisfactorily print our patient education pamphlets.

e) Salaries and Salary Expenses

These amounts include a provision for an increment for existing staff. As noted on Appendix T8, a recovery of \$15,000 is anticipated from the 1973 National Convention budget.

f) Travel Expense

In addition to the budget requests of CDA bureaux, councils and committees (Appendix T11) this amount includes the estimated travel expenses of the 1973 president and CDA staff.

Recommended:

That the budget for 1973 be adopted.

Adopted

Working Capital

24. As usual cash flow estimates have been prepared for 1972 and aside from expenses connected with the Ottawa property it would appear that we will have sufficient working capital for operational purposes. In order to complete the purchase of the Ottawa land and pay architect fees we will need additional cash in the latter half of 1972 and therefore, it is

TREASURER

Recommended:

That the Board renew its authority to the Treasurer (1971T194) to deal as needed with problems involving working capital.

Adopted

Fiscal Forecast

25. A statement of actual and projected Revenue and Expenditure is shown in Appendix T13. Although the Association is already committed to expenditures for balance of Ottawa land purchase, \$65,000 and architect fees, \$14,000, both have been excluded from the 1972 Expenditures since they are capital items and non-recurring.
26. As recommended in the Thorne Group Limited Organizational Review and the Ad Hoc Committee report on Association priorities, provision for the employment of a Director of Administration has been included in projected expenditures commencing in 1974.
27. On a straight operational basis then we estimate relatively small surpluses in 1972 and 1973 but move into deficit financing in 1974. It must also be kept in mind that on this basis our Reserve Fund must be reduced by the Ottawa property commitments of at least \$79,000.
28. A raise in grants by Ontario and Quebec to \$65 would postpone the deficit by three years.
29. It is worth noting that a \$65 grant represents about 2 to 3 hours gross per year for a dentist.
30. Finally may I point out that the last increase in grants was authorized in 1968.
31. It becomes strikingly clear that for the Association to operate effectively and efficiently corporate member grants will have to be increased within the next three years. This is true whether the new building project is initiated or not.
32. Council strongly reiterates the need for all corporate members to bring the basis of their grants to \$65 per licensed dentist at the earliest possible moment. Notice is also given that by January 1975 a minimum increase of \$10 per dentist will be required.
33. All corporate members are urged to begin immediately to arrange their finances in preparation for the above noted change.

The Board of Governors expresses to Dr. Taylor its great appreciation for his tireless efforts on behalf of the Association, and its satisfaction with the manner in which the financial reports were presented to the 1972 annual meeting.

Appendix T1

ACTUAL versus BUDGETED REVENUE - 1971

REVENUE	1971 ACTUAL	1971 BUDGET	(UNDER) OVER BUDGET
Associate Memberships (@ \$20.00)	\$ 3,346	\$ 2,000	\$ 1,346
1. Grants - Corporate Members	---	---	---
- British Columbia	63,245	58,300	4,945
- Alberta	39,357	36,700	2,657
- Saskatchewan	13,230	12,300	930
- Manitoba	19,915	15,200	4,715
- Ontario	123,600	115,600	8,000
- Quebec	91,685	91,400	285
- New Brunswick	7,676	9,200	(1,524)
1. - Nova Scotia	9,750	15,700	(5,950)
- Prince Edward Island	2,015	1,800	215
- Newfoundland	4,193	3,800	393
Interest	---	---	---
CDRF	800	1,000	(200)
Income	547	2,000	(1,453)
2. Journal - Gross Revenue	(4,271)	8,000	(12,271)
3. National Convention	---	1,000	(1,000)
4. Sales of Publications (not JCDA)	26,124	18,800	7,324
Space Rental - CFDE	1,800	1,200	600
Student Memberships	3,785	3,000	785
Subscriptions - JCDA	3,613	2,500	1,113
5. Sundry Income	35,841	---	35,841
	<u>\$446,251</u>	<u>\$399,500</u>	<u>\$ 46,751</u>

Notes to Appendix T1

1. As you know, CDA corporate members were asked to consider paying their grants to CDA on a quarterly basis, i.e., the first, fourth, seventh and tenth months of their respective fiscal years. Five provinces paid in installments during 1971. One of these, Nova Scotia, has a fiscal year end each May 31. Consequently, only three of four installments reached CDA during 1971, which was the first year of this program. This is the explanation for the variance between the relevant revenue forecast, and the actual amount of grants received from Nova Scotia during 1971. The actual number of dentists in New Brunswick turned out to be less than estimated. See Appendix T7 for an Analysis of 1971 Corporate Grants.
2. Advertising revenue was \$20,611 or about 15% lower than forecast. (See Trans. 1971-218) Costs with the exception of postage were slightly lower than anticipated due to a smaller number of advertising pages. (See Appendix T6 also for a composite analysis of 1971 Journal revenue and expenditures).

Notes to Appendix T1 (continued)

3. Separate accounts are now being maintained for CDA National Convention. A financial analysis of the 1971 meeting has been circulated, and appears as part of Appendix T3.
4. Sales of publications do not include Journal subscriptions. However, sales of the CDA film "Think About It/Pensez-y", CDA blazer crests and pamphlet racks are included, and were not considered in the 1971 revenue forecast. In addition, a very large single order (\$4,316) for CDA pamphlets was placed early in 1971.
5. Sundry Income for 1971 contains the following items:

Voluntary contributions from nine CDA members	\$ 170
Federal Government grant re 1968 Survey of Dental Practice	13,000
National Dental Examining Board grant re undergraduate survey	4,000
CFDE - Procter & Gamble grant re Teaching Conference	3,000
CFDE - Colgate grant re Student Conference	2,623
*CFDE - Dentsply-Caulk grant re Student Table Clinics	798
CFDE grant re Postgraduate Survey Program	11,000
CFDE grant re Standards, Council on Research	<u>1,250</u>
	<u>\$ 35,841</u>

- * \$798 reflects the cost of CDA headquarters services only; the bulk of student table clinic program costs (\$2,664) were paid directly by CFDE

Appendix T2

ACTUAL versus BUDGETED EXPENDITURES - 1971

EXPENDITURES	1971 ACTUAL	1971 BUDGET	UNDER (OVER) BUDGET
Annual Board Meeting	\$18,380	\$ 19,000	\$ 620
CDRF Award	700	700	---
1. Contingency	2,390	9,000	6,610
2. Conventions	---	1,000	1,000
3. Furniture & Fixtures	5,845	1,600	(4,245)
Grants	---	---	---
Canadian Dental Nurses & Asst.	300	300	---
Canadian Fund for Dental Educ.	18,000	18,000	---
Federation Dentaire Internationale	3,048	3,200	152
Presidents' Honoraria (see note 10)	3,000	3,000	---
History of Dentistry & Archives	101	500	399
Insurance (Bldg. Fidelity & Travel)	1,896	1,700	(196)
Intraprofessional Communications	12,000	12,000	---
4. Legal & Audit (Professional Services)	3,286	5,000	1,714
5. Office Supplies & Expense	20,705	16,000	(4,705)
6. Postage	8,081	10,500	2,419
Publications other than <u>Journal</u>	---	---	---
Paper	8,546	9,100	554
7. Supplies and Expense	23,371	8,200	(15,171)
8. Transactions	6,778	8,000	1,222
9. Other publications	9,799	---	(9,799)
Production & Distribution of Films	2,846	2,700	(146)
Property	---	---	---
-Light, Heat & Water	3,434	3,800	366
-Repairs and Maintenance	5,598	5,500	(98)
-Taxes	6,131	7,000	869
10. Salaries	170,680	181,900	11,220
Salary Expenses	20,709	21,200	491
Telephone & Telegraph	4,285	4,100	(185)
Translation	1,762	1,700	(62)
11. Travel Expense	59,228	44,000	(15,228)
12. Land purchase	7,100	---	(7,100)
13. Totals	<u>\$427,999</u>	<u>398,700</u>	<u>(\$29,299.)</u>

Notes to Appendix T2

Contingency expenses for 1971 consisted of the following:

Thorne Group Ltd. - Organizational Review	\$ 2,000
Moody & Associates - Sketches of proposed new headquarters	350
1970 Convention registration fee refund	<u>40</u>
	<u>\$ 2,390</u>

Notes to Appendix T2 (continued)

2. See note 3, Appendix T1, re separate convention accounts.
3. The purchase of new equipment for the recently expanded Communications directorate accounts for the difference between actual and estimated expense for furniture and fixtures. Additional dictating equipment, typewriters, desks and chairs were required.
4. Professional services costs for 1971 included, in addition to the regular auditors fee, legal services in connection with securing a release from PIPL, various insurance matters, advice re fluoridated dentifrices, and other matters.
5. Placement fees totalling \$3,346 were paid out of office expense during 1971 in connection with securing new employees for the communications area and replacement personnel in other departments. Also, copymaking services were some \$4,000 higher than anticipated, chiefly because minutes, agenda , etc. are now photocopied rather than printed.
6. Postage expense was lower than anticipated partially due to our present policy of mailing CDA Transactions only to members requesting a copy.
7. The following factors contributed to higher than expected cost of supplies, etc. for the printing shop:
 - (a) New style CDA pamphlets cannot be satisfactorily printed at headquarters, and must be produced outside at commercial rates.
 - (b) The new style pamphlets were promoted in several 1971 issues of the Journal. Each time, 10,000 were printed outside CDA.
 - (c) Copies of the CDA film "Think About It/Pensez-y", were purchased through the Printing Shop, as were CDA blazer crests. These purchases and the increasing demand for CDA pamphlets, produced sales over \$9,000.
 - (d) Several descriptive CDA brochures and manuals were printed during 1971 including "You..and the Canadian Dental Association". They were produced in both languages and distributed to the entire profession.
8. The demand for CDA Transactions was less than anticipated and relatively few copies were produced; resulting in a substantial saving.
9. The 1968 Survey of Dental Practice cost CDA \$9,799 during 1971. Although some amounts are yet to be paid, the total expense will not exceed the federal government grant during 1971 of \$13,000 (Appendix T1, Note 5)
10. Provision was made in the 1971 estimates for a full time director of the CDA Bureau of Economic Research. The Bureau had a half-time director during the first half of 1971 and was without one after June. Consequently, CDA salaries were less than those forecast. (A full time

Notes to Appendix T2 (continued)

research assistant remains with the bureau, which is now called the Bureau of Dental Statistics). The 1971 Presidents' honorarium of \$3,000 must be added to the figure shown for 1971 salaries in order to get the amount shown in the Auditors' statement, \$173,680.

11. The travel expense of the Ad Hoc Committee on Association Priorities, about \$1,000, was not forecast. The CDA Council on Insurance and Investment costs exceeded budget by some \$800. In addition, costs applicable to the postgraduate survey program, the teaching conference, student conference and Council on Research standards program were charged to "Travel Expense". However, grants were obtained which entirely offset these expenditures. (See Appendix T1, Note 5)
12. The amount of \$7,100 represents a 1971 - 10% deposit on our Ottawa property. The balance is to be paid in 1972.
13. The total 1971 Expenditures of the Association are shown in the Auditors' Statement to be \$426,265, a figure which includes \$11,211 depreciation expense on the headquarters building (\$4,931) and its fixed contents (\$6,280). Because the Association is on a "cash basis", Appendix T2 does not include depreciation but rather reflects the cost of purchasing furniture and fixtures, \$5,845. and land, \$7,100. Since the Auditors' statement includes depreciation (\$11,211) rather than the actual cost of furniture and fixtures and land (\$12,945) it totals \$1,734 less than Appendix T2.

The five expense classifications listed under "Publications other than Journal" on Appendix T2 are shown as one total on the Auditors' statement.

Appendix T3

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1971

Auditors Report

Balance Sheet

General Account

Statement of Revenue and Expenditure and Surplus

Statement of Source and Application of Funds

Notes to Financial Statements

Other Statements of Revenue and Expenditure and Surplus

War Memorial Award Fund

The Grieve Memorial Lectureship Fund

Library Trust Fund

Reserve Fund

National Convention

Appendix T3

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1971 and the statements of revenue and expenditure and surplus and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1971 and the results of its operations and the general account source and application of funds for the year then ended, on a basis consistent with that of the preceding year.

Toronto, Canada
March 15, 1972

Thorne, Gunn, Helliwell & Christenson

Chartered Accountants

TREASURER

Appendix T3

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET - DECEMBER 31, 1971

(with comparative figures at December 31, 1970)

	ASSETS	1971	1970
GENERAL ACCOUNT			
Current assets			
Cash		\$ 527	\$ 17,251
Guaranteed investment certificates		40,000	
Accounts receivable		5,811	3,061
Prepaid expenses		3,969	5,015
		<u>50,307</u>	<u>25,327</u>
Fixed assets, at cost			
Building, 234 St. George Street, Toronto		197,230	197,230
Furniture, fixtures and equipment		92,676	86,831
		289,906	284,061
		126,262	115,051
Less accumulated depreciation		<u>163,644</u>	<u>169,010</u>
Land, 234 St. George Street, Toronto		5,100	5,100
Deposit on purchase of land, Ottawa (note 1)		7,100	
		<u>175,844</u>	<u>174,110</u>
		<u>\$226,151</u>	<u>\$199,437</u>
WAR MEMORIAL AWARD FUND			
Cash		\$ 854	\$ 487
Accrued interest		55	55
Government bonds and guaranteed investment certificate, at cost (market value 1971, \$9,426; 1970, \$9,018)		<u>9,683</u>	<u>9,683</u>
		<u>\$ 10,592</u>	<u>\$ 10,225</u>
THE GRIEVE MEMORIAL LECTURESHIP FUND			
Cash		\$ 607	\$ 685
Accrued interest		85	85
Government bonds, at cost (market value 1971, \$4,936; 1970, \$4,744)		<u>5,340</u>	<u>5,340</u>
		<u>\$ 6,032</u>	<u>\$ 6,110</u>
LIBRARY TRUST FUND			
Cash		\$ 1,363	\$ 402
Publisher's advance - History of Dentistry			5,000
Accrued interest			704
Government bonds and guaranteed investment certificate, at cost (market value 1971, \$41,500; 1970, \$46,720)		<u>41,500</u>	<u>44,850</u>
		<u>42,863</u>	<u>50,956</u>
Furniture and fixtures, at cost		103	103
Less accumulated depreciation		<u>41</u>	<u>31</u>
		62	72
Books, at cost		22,319	20,649
Less accumulated depreciation		<u>22,318</u>	<u>20,648</u>
		<u>1</u>	<u>1</u>
		<u>\$ 42,926</u>	<u>\$ 51,029</u>
RESERVE FUND			
Cash		\$ 4,740	\$ 2,193
Accrued interest		1,770	1,976
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value 1971, \$156,225; 1970, \$143,549)		168,715	163,215
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1971, \$100,108; 1970, \$89,012)		<u>103,500</u>	<u>103,500</u>
		<u>\$278,725</u>	<u>\$270,884</u>
NATIONAL CONVENTION			
Cash		\$ 667	
Guaranteed investment certificates		11,000	
Prepaid expenses		75	
		<u>\$ 11,742</u>	

TREASURER

	LIABILITIES AND SURPLUS	<u>1971</u>	<u>1970</u>
GENERAL ACCOUNT			
Current liabilities			
Accounts payable		\$ 5,350	
Sales tax payable		302	\$ 479
Deferred income		<u>4,700</u>	<u>3,145</u>
		10,352	3,624
Surplus		<u>215,799</u>	<u>195,813</u>
WAR MEMORIAL AWARD FUND		<u>\$226,151</u>	<u>\$199,437</u>
Surplus		\$ 10,592	\$ 10,225
THE GRIEVE MEMORIAL LECTURESHIP FUND		<u>\$ 10,592</u>	<u>\$ 10,225</u>
Surplus		\$ 6,032	\$ 6,110
LIBRARY TRUST FUND		<u>\$ 6,032</u>	<u>\$ 6,110</u>
Surplus		\$ 42,926	\$ 51,029
RESERVE FUND		<u>\$ 42,926</u>	<u>\$ 51,029</u>
Surplus		\$278,725	\$270,884
NATIONAL CONVENTION		<u>\$278,725</u>	<u>\$270,884</u>
Surplus		\$ 11,742	
		<u>\$ 11,742</u>	

Appendix T3

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Revenue		
Associate memberships	\$ 3,346	\$ 2,130
Student memberships	3,785	3,007
Grants from corporate members		
British Columbia	63,245	59,150
Alberta	39,357	38,415
Saskatchewan	13,230	12,128
Manitoba	19,915	14,475
Ontario	123,600	118,168
Quebec	91,685	65,995
New Brunswick	7,676	7,400
Nova Scotia	9,750	13,455
Prince Edward Island	2,015	1,950
Newfoundland	4,193	3,835
Interest from The Canadian Dental Research Foundation	800	800
Interest income	547	1,027
Journal of CDA (see * below)	(4,271)	(16,863)
National convention (see separate statement 1971)		860
Sale of publications, other than Journal	26,124	16,561
Space rental - Canadian Fund for Dental Education	1,800	1,200
Special grants and sundry income	35,841	17,925
Subscriptions, CDA Journal	<u>3,613</u>	<u>3,034</u>
	<u>446,251</u>	<u>364,652</u>
* Certain details re Journal of CDA		
Advertising	<u>127,889</u>	<u>107,137</u>
Less		
Agency commission	16,340	14,473
Photo engravings	6,557	5,872
Postage	14,979	14,048
Printing	66,936	66,441
Publisher's commission	<u>27,348</u>	<u>23,166</u>
	<u>132,160</u>	<u>124,000</u>
Excess of above costs over advertising revenues	<u>\$ (4,271)</u>	<u>\$ (16,863)</u>

Appendix T3

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Expenditure		
Annual board meeting	\$ 18,380	\$ 19,676
The Canadian Dental Research Foundation Award	700	
Contingency	2,390	6,946
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	6,280	5,801
Grants		
Canadian Dental Nurses and Assistants	300	300
Canadian Education Week		100
Canadian Fund for Dental Education	18,000	18,000
Federation Dentaire Internationale	3,048	3,232
History of Dentistry and Archives	101	9
Insurance	1,896	2,056
Intraprofessional communications	12,000	12,000
Loss on disposal of fixed assets		51
Office supplies and expenses	20,703	13,593
Postage	8,081	7,459
Professional services	3,285	8,660
Property expenses		
Light, heat and water	3,434	3,520
Repairs and maintenance	5,598	4,705
Taxes	6,131	6,274
Publications other than journal	51,342	52,194
Salaries	173,680	168,033
Salary expenses	20,709	19,771
Telephone and telegraph	4,286	3,695
Translations	1,762	2,627
Travel expenses	59,228	40,440
	<u>426,265</u>	<u>404,073</u>
Surplus (deficit) for the year	19,986	(39,421)
Surplus at beginning of year	<u>195,813</u>	<u>235,234</u>
Surplus at end of year	<u>\$215,799</u>	<u>\$195,813</u>

Appendix T3

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Source of funds		
Operations		
Surplus for the year	\$19,986	
Depreciation which does not involve an outlay of funds	<u>11,211</u>	
	31,197	
Sale of furniture and fixtures	<u>31,197</u>	\$ 276
		<u>276</u>
Application of funds		
Operations		
Deficit for the year		39,421
Depreciation which does not involve an outlay of funds		<u>10,732</u>
		28,689
Deposit on purchase of land, Ottawa (note 1)	7,100	
Additions to furniture, fixtures and equipment	<u>5,845</u>	<u>9,682</u>
	<u>12,945</u>	<u>38,371</u>
Increase (decrease) in working capital	18,252	(38,095)
Working capital at beginning of year	<u>21,703</u>	<u>59,798</u>
Working capital at end of year	<u>\$39,955</u>	<u>\$21,703</u>
Current assets	\$50,307	\$25,327
Current liabilities	<u>10,352</u>	<u>3,624</u>
	<u>\$39,955</u>	<u>\$21,703</u>

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1971

- Under the terms for the purchase of the property in Ottawa, the Association has agreed to pay the balance of the purchase price of \$64,120 on closing - June 26, 1972.

The Association also undertakes to commence construction of a building within 3 years of the closing date or the property must be resold to the vendor at the original purchase price.

- These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

Appendix T3

CANADIAN DENTAL ASSOCIATION

WAR MEMORIAL AWARD FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Revenue		
Investment interest	\$ 653	\$ 514
Bank interest	<u>14</u>	<u>7</u>
	667	521
Expenditure		
Essay awards	<u>300</u>	<u>300</u>
Surplus for the year	367	221
Surplus at beginning of year	<u>10,225</u>	<u>10,004</u>
Surplus at end of year	<u>\$10,592</u>	<u>\$10,225</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Revenue		
Bond interest	\$ 273	\$ 273
Bank interest	<u>22</u>	<u>22</u>
	295	295
Expenditure		
Orthodontic Section of Canadian Dental Association	273	273
Refund of prior year's donation	<u>100</u>	<u></u>
	373	273
Surplus (deficit) for the year	(78)	22
Surplus at beginning of year	<u>6,110</u>	<u>6,088</u>
Surplus at end of year	<u>\$ 6,032</u>	<u>\$ 6,110</u>

Appendix T3

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Revenue		
Bond interest	\$ 2,523	\$ 3,202
Bank interest	7	5
Profit on sale of bonds	1,590	
Royalties - History of Dentistry	<u>793</u>	
	<u>4,913</u>	<u>3,207</u>
Expenditure		
Bank charges	16	17
Binding books, journals, etc.	381	408
Depreciation, books	1,670	1,827
Depreciation, furniture and fixtures	10	10
Loss on sale of bonds		137
Office supplies and expense	17	82
Publishing costs - History of Dentistry	10,000	
Subscriptions	<u>922</u>	<u>564</u>
	<u>13,016</u>	<u>3,045</u>
Surplus (deficit) for the year	(8,103)	162
Surplus at beginning of year	<u>51,029</u>	<u>50,867</u>
Surplus at end of year	<u>\$ 42,926</u>	<u>\$ 51,029</u>

RESERVE FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971
(with comparative figures for 1970)

	<u>1971</u>	<u>1970</u>
Revenue		
Investment interest	\$ 7,626	\$ 7,776
Bank interest	27	15
Profit on sale of bonds	<u>188</u>	
	<u>7,841</u>	<u>7,791</u>
Expenditure		
Loss on sale of bonds		3,218
Payment to Professional and Industrial Pensions Limited - J. T. Staddon		<u>19,000</u>
		<u>22,218</u>
Surplus (deficit) for the year	7,841	(14,427)
Surplus at beginning of year	<u>270,884</u>	<u>285,311</u>
Surplus at end of year	<u>\$278,725</u>	<u>\$270,884</u>

Appendix T3

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1971

Revenue	
Registration fees - dentists	\$31,620
Registration fees - dentists' wives	5,540
Exhibit space sales	27,150
Tickets - President's party	6,860
Tickets - other functions	2,034
Interest earned	738
	<u>73,942</u>
Expenditure	
Shipping and mailing	2,176
Clinician honoraria and expense	6,209
Clinic equipment and facilities	1,914
Cost of exhibits	12,117
Meeting room rental fees	1,610
Registration facilities	1,702
Printing and promotion	11,048
Social functions	15,388
Table clinician gifts	705
CDA section grants	2,560
Temporary help	198
Security services	263
Headquarters services	4,500
Telephone and telegraph	430
Translation	625
Travel expense	755
	<u>62,200</u>
Surplus for the year	<u>\$11,742</u>

In 1971 separate accounts were maintained for the National Convention. In prior years the net income from the National Convention was included in the General Account - Statement of Revenue and Expenditure and Surplus.

Appendix T4

Security Changes - 1971

Library Trust Fund

<u>Sales:</u>			
Government of Canada	\$40,000	7 %	Apr. 1973
*Royal Trust Certificate	5,000	5 7/8 %	Jan. 27, 1971
<u>Purchases:</u>			
Canada Savings Bonds	41,500	5 3/4 - 7 3/4 %	Nov. 1980

Reserve Fund

<u>Sales:</u>			
Government of Canada	15,000	5½ %	Oct. 1975
*Royal Trust Certificate	18,000	5 3/4 %	March 1, 1971
<u>Purchases:</u>			
Canada Savings Bonds	15,500	5 3/4 - 7 3/4 %	Nov. 1980
*Royal Trust Certificate	23,000	4¼ %	Jan. 16, 1972

* Guaranteed Short term investments.

Appendix T5

Securities on Hand - December 31, 1971

Grieve Memorial Lectureship Fund

Government of Canada	\$ 1,000	7%	Apr. 1, 1973
Government of Canada	1,000	4½%	Sept. 1, 1983
Government of Canada	3,500	4½%	Sept. 1, 1983
	<u>5,500</u>		

Library Trust Fund

Government of Canada	<u>41,500</u>	5 3/4 - 7 3/4 %	Nov. 1, 1980
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War Memorial Scholarship Fund

Province of Ontario	1,000	4¼%	May 15, 1974
Government of Canada	2,500a	4½%	Sept. 1, 1983
Province of Quebec	1,000	6 %	Oct. 15, 1988
Hydro-electric Power Commission of Ontario	4,000	9 %	Apr. 1, 1994
	<u>8,500</u>		

Investment Certificate

Royal Trust Company	<u>1,000</u>	7 7/8 %	Mar. 6, 1974
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Reserve Fund

Alberta Municipal Finance Corp.	<u>10,000</u>	5½%	Apr. 1, 1983
Canadian National Railway	<u>6,000e</u>	4 %	Feb. 1, 1981
Government of Canada	10,000	3 3/4 %	Jan. 15, 1978
Government of Canada	16,000	3¼%	Oct. 1, 1979
Canada Savings Bonds	15,500	5 3/4 - 7 3/4 %	Nov. 1, 1980
	<u>41,500</u>		

Hydro-electric Power Commission of Ontario	5,000b	4 3/4 %	Aug. 15, 1975
Hydro-electric Power Commission of Ontario	15,000b	5 %	Nov. 15, 1976
Hydro-electric Power Commission of Ontario	5,000b	5 %	Oct. 15, 1978
	<u>25,000</u>		

TREASURER

Appendix T5

Hydro-electric Power Commission of Quebec	\$ 1,000d	5%	Nov. 15, 1982
Hydro-electric Power Commission of Quebec	25,000c	5¼%	Mar. 1, 1984
	<u>26,000</u>		
Manitoba Telephone	<u>10,000</u>	5½%	Dec. 2, 1986
Province of Nova Scotia	<u>5,000</u>	5 %	Dec. 15, 1973
Province of Ontario	5,000	4¼%	May 15, 1974
Province of Ontario	<u>15,000</u>	5 %	July 15, 1975
	<u>20,000</u>		
Province of Quebec	<u>5,000</u>	5 3/4 %	Feb. 1, 1986
TOTAL BONDS	<u>\$ 148,500</u>		
Short-Term Investment - Royal Trust Company	\$ <u>23,000</u>	4¼%	Jan. 16, 1972
Investment in Common Stock Fund CDA Retirement Savings Plan	<u>\$ 103,500</u>		

- a Conversion Loan
- b Guaranteed by the Province of Ontario
- c Sinking Fund Debenture
- d Guaranteed by the Province of Quebec
- e Guaranteed by the Government of Canada

Appendix T6

Composite analysis
 Editorial Department & Journal of the CDA

<u>REVENUE</u>	1971 <u>ACTUAL</u>	1971 <u>BUDGET</u>
Gross advertising	\$127,889	\$148,500
Subscriptions - sold	3,613	2,500
*Subscription allowance	<u>85,360</u>	<u>78,080</u>
	<u>\$216,862</u>	<u>\$229,080</u>

*Based on \$10 per licensed member (7,866)
 and student member (670) of the CDA

<u>Expenditures</u>	1971 <u>ACTUAL</u>	1971 <u>BUDGET</u>
Agency commissions	\$ 16,340	\$ 17,160
Photo engravings	6,557	7,000
Postage - Journal only	14,979	14,000
Printing	66,936	71,000
-Publisher's commission	27,348	31,460
Annual Board meeting	610	665
Travel expense	2,141	1,805
Office expense	2,740	2,110
Postage-headquarters	1,120	1,300
Salaries	43,941	43,130
Salary expenses	5,480	5,415
Telephone & Telegraph	645	610
Translations	1,762	1,500
Furniture & fixtures	3,240	---
Floorspace evaluation	<u>1,193</u>	<u>1,193</u>
	<u>\$195,032</u>	<u>\$198,348</u>

Appendix T7

Analysis of Corporate Grants - 1971

1971	BC.	ALTA.	SASK.	MAN.	ONT.	QUE.	NB.	NS.	P.E.I.	NFLD.	TOTALS
Jan.											\$ 34,000
Feb.			4,000		30,000						
March	15,000					165.				4,193	19,358
April		15,000									15,000.
May					35,000	110	7,676				42,786
June	15,000										15,000
July			5,000			90,145		3,250.			98,395
August											
Sept.	15,000				35,000				2,015		52,015
Oct.		24,357				990		3,250			28,597
Nov.	18,245			19,915							38,160
Dec.			4,230		23,600	275		3,250			31,355
1971 TOTALS	\$63,245	39,357	13,230	19,915	123,600	91,685	7,676	9,750	2,015	4,193	\$374,666

Appendix T8

Canadian Dental Association - Actual & Estimated Revenue

	1971 Actual	1972 Budget	1973 Budget
Associate Memberships(@\$20.)	\$ 3,346	3,500	3,600
(1) Grants - Corporate Members			
British Columbia	63,245	65,000	71,400
Alberta	39,357	39,000	41,400
Saskatchewan	13,230	13,800	14,600
Manitoba	19,915	20,500	20,700
Ontario	123,600	131,600	177,900
Quebec	91,685	96,500	97,000
New Brunswick	7,676	8,100	9,600
Nova Scotia	9,750	15,300	15,600
Prince Edward Island	2,015	1,900	2,100
Newfoundland	4,193	4,200	4,100
Interest			
CDRF	800	1,000	1,000
Income	547	--	--
(2) CDA Journal - Gross Revenue	(4,271)	25,500	45,000
Sale of Publications (not JCDA)	26,124	20,000	22,000
Space Rental - CFDE	1,800	1,800	1,800
Student Memberships	3,785	3,500	4,000
Subscriptions - JCDA	3,613	3,000	3,500
(3) Sundry Income	35,841	4,000	6,900
(4) National Convention	--	500	15,000
	\$ 446,251	458,700	557,200

(1) See Appendix T9 for an analysis of Corporate Grants.

(2) See Appendix T12.

(3) The Canadian Fund for Dental Education has pledged \$2,800. and \$4,100 respectively for the 1973 CDA Student Conference and Student Clinic Program.

(4) It is estimated that CDA will recover \$15,000. from the 1973 National Convention budget to defray a portion of the remuneration of headquarters personnel involved.

Appendix T9

Summary of Corporate Grants

	Actual 1970		PC *	Actual 1971		PC	Budget 1972		PC	Budget 1973		PC
British Columbia	\$ 59,150	65		\$ 63,245	65		\$ 65,000	65		\$ 71,400	65	
Alberta	38,415	65		39,357	65		39,000	65		41,400	65	
Saskatchewan	12,128	55		13,230	60		13,800	60		14,600	65	
Manitoba	14,475	50		19,915	65		20,500	65		20,700	65	
Ontario	118,168	40		123,600	40		131,600	40		177,900	55	
Quebec	65,995	40		91,685	55		96,500	55		97,000	55	
New Brunswick	7,400	65		7,676	65		8,100	65		9,600	65	
Nova Scotia	13,455	65		9,750	65		15,300	65		15,600	65	
Prince Edward Island	1,950	65		2,015	65		1,900	65		2,100	65	
Newfoundland	3,835	65		4,193	65		4,200	65		4,100	65	
	\$334,971			\$374,666			\$395,900			\$454,400		

* Per Capita

Appendix T10

Actual & Estimated Expenditures

	1971 Actual	1972 Budget	1973 Budget
* Annual Board Meeting	\$ 18,380	20,700	28,400
CDRF Award	700	700	700
Contingency	2,390	10,000	10,000
Film Production & Distribution	2,846	2,000	14,300
Furniture & Fixtures	5,845	4,700	2,700
Grants			
-Canadian Dental Nurses & Assistants	300	300	300
-Canadian Fund for Dental Education	18,000	18,000	19,000
-Federation Dentaire Internationale	3,048	3,200	3,500
-President's Honorarium	3,000	3,000	5,000
History of Dentistry & Archives	101	500	500
Insurance(Bldg.,Fid.,Sick.,&Travel)	1,896	4,300	3,000
Legal & Audit	3,286	6,000	6,000
* Office Administration Fund	--	--	10,000
Office Supplies & Expense	20,705	18,000	22,400
Postage	8,081	10,300	10,000
* Publications (not JCDA)			
-Paper	8,546	11,000	9,000
-Supplies & Outside Printing	23,371	10,300	19,300
-Transactions	6,778	7,000	7,000
-Special Projects	9,799	--	--
Property			
-Light, Heat, Water	3,434	4,100	4,000
-Repairs & Maintenance	5,598	6,600	3,500
-Taxes	6,131	7,000	7,000
* Salaries	170,680	231,200	248,000
* Salary Expense	20,709	24,200	26,700
Telephone & Telegraph	4,285	4,900	5,100
Translation	1,762	2,200	3,100
* Travel Expense	59,228	60,600	72,700
Land Purchase	7,100	--	--
Intraprofessional Communications	12,000	--	--
Total Expense	\$427,999	470,800	541,200
Less: Revenue	446,251	458,700	557,200
Surplus (Deficit)	\$ 18,252	(12,100)	16,000

* Notes on the items marked above are provided in paragraph 23 of this report.

General Administration

Film Production & Distribution

Furniture & Fixtures

Publications (not JCDA)

Light, Heat & Water

Repairs & Maintenance

Realty Taxes

Travel Expenses

1973
Budget

	200	500	2,000	700	4,000	3,500	7,000	50,550	89,400
Councils									
Auxiliary Services	200							2,500	2,700
Communications								750	750
Constitution & By-laws	25	500							525
Dental Services								2,500	2,500
Education									
-Council Annual Meeting								2,000	2,000
-Council Travel								1,000	1,000
-Survey of Schools								12,800	12,800
-Recruitment			2,000					200	2,200
-Youth Science Foundation	300							200	500
-War Memorial	50								50
-Student Programs	300	700						(1) 7,100	8,100
-Specialist & Specialization								1,200	1,200
Ethics	25								25
Headquarters Property	2,500				4,000	3,500	7,000	100	17,100
Hospital Services								2,300	2,300
Insurance & Investments								3,000	3,000
Legislation	25								25
Nominations	25								25
Research	700							(2) 4,900	5,600
Public Health & Preventive Dent.								1,500	1,500
Executive (incl. Committees)								7,300	7,300
Secretaries' Conference								200	200
Bureau of Public Information	(3) 14,300		2,300					1,000	17,600
Bureau of Dental Statistics			400						400
TOTAL	4,150	14,300	--	5,900	4,000	3,500	7,000	50,550	89,400

Appendix T11
1973 Budget

- (1) Student Programs include the 1973 CDA Student Conference and the 1973 CDA Student Clinic Program; at estimated costs of \$2,800. and \$4,100. respectively. As shown in Appendix T8, CFDE has agreed to fully underwrite these costs.
- (2) In addition to the costs of holding a regular annual meeting, the \$4,900. travel budget (request) of the Council on Research includes a provision of \$2,500. to permit two meetings of the Committee on Standards as well as cross representation with ADA, CSA, and ANSC Programs.
- (3) The \$14,300 requested by the CDA Bureau of Public Information for Film Production and Distribution includes: Regular Distribution costs of existing films - \$2,300.; Production of 60 second T.V. dental health education commercial - \$7,000.; one patient education film for CDA film library - \$2,500.; and a career oriented video-tape on utilization of dental hygienists - \$2,500.. Each of the items above were requested and/or endorsed by one or more of the following CDA Councils: Communications; Public Health and Preventive Dentistry; Auxiliary Services; Education.

Appendix T12Composite Analysis
Editorial Department & Journal of the CDA

	1971 <u>Actual</u>	1972 <u>Budget</u>	1973 <u>Budget</u>
Gross Advertising	\$127,889	140,000	163,800 *
Subscriptions-Sold	3,613	3,000	3,500
** Subscription Allowance	85,360	85,200	89,000
 TOTAL	 <u>\$216,862</u>	 <u>228,200</u>	 <u>256,300</u>

** Based on \$10. per licensed
associate and student member
of the CDA.

Expenditures	(A) 1971	(B) 1972	(C) 1973
Agency Commission	\$ 16,340	18,500	21,300 *
Photo Engraving	6,557	6,000	6,500 *
Postage	14,979	16,000	16,000 *
Printing	66,936	74,000	75,000 *
Publisher's Commission	27,348	--	--
Annual Board Meeting	610	720	1,814
Travel Expenses	2,141	7,500	5,700
Office Expense	2,740	3,130	3,560
Postage - Headquarters	1,120	1,500	1,500
(1) Salaries	43,941	73,833	81,322
(1) Salary Expense	5,480	7,985	8,914
Telephone & Telegraph	645	1,320	1,380
Translations	1,762	2,000	2,000
Furniture & Fixtures	3,240	2,300	500
Floorspace Evaluation	1,193	2,280	2,400
	 <u>\$ 195,032</u>	 <u>217,068</u>	 <u>227,890</u>

* Figures marked produce "CDA Journal Gross Revenue" of \$45,000. as shown in Appendix T8.

- (1) Arrangements with an outside agency for production and advertising sales of the Journal expired December 31, 1971. Additional headquarters staff were acquired at that time.

Appendix T13

Fiscal Forecast

Revenue and Expenditures - Actual and Projected

<u>Actual</u>	Expenditures	Revenue	Surplus (Deficit)
1968	\$300,315	\$323,788	\$23,473
1969	367,707	368,372	665
1970	401,662	364,652	(37,010)
1971	427,999	446,251	18,252
 <u>Projected</u>			
*1972 (Revised)	\$480,800	507,000	26,200
1973	541,200	557,200	16,000
**1974	579,100	568,500	(10,600)
1975	603,500	580,000	(23,500)
1976	632,500	592,000	(40,500)
1977	656,000	605,000	(51,800)

*The 1972 estimates of revenue and expense have been revised to include provision for an increase in the per capita grant from Ontario members, a 1972 provision for an additional film and an increase in the Association's annual grant to CFDE.

**The 1974 Expenditures estimate includes a provision (\$27,000.) for a full time Director of Administration, and secretary, as do estimates for succeeding years.

INSTALLATION CEREMONY

An installation ceremony was held in the Joliette and Marquette Rooms of the Queen Elizabeth Hotel, Montreal on Wednesday, June 7, 1972 during a luncheon hosted by the Quebec Government, represented by Dr. Martin Laberge. Dr. L. Bernier retiring President, presided during the installation ceremonies.

PRESIDENT BERNIER

Au terme de la présidence, la coutume veut que celui-ci adresse quelques remarques sur le travail accompli au cours de l'année. Puis-je vous dire tout d'abord quel privilège et quel honneur ce fut de servir ma profession.

Au Bureau des Gouverneurs la semaine dernière l'Association en plus de délibérer sur les affaires courantes, a essayé d'établir sa course pour les années à venir. Un des projets les plus intéressants fut certes la décision de construire et d'établir le siège de notre Association à Ottawa. C'est un projet qui j'espère suscitera l'enthousiasme de toute la profession et qui apportera du prestige à notre Association Nationale. Il est peut-être significatif que cette décision ait été prise à Montréal ou notre Association a été fondée il y a 70 ans.

Je me dois de souligner le geste des représentants de la Colombie Britannique, de l'Alberta et de la Saskatchewan qui nous ont avisés que leurs corporations respectives étaient disposées à mettre une partie de leurs fonds de réserve à notre disposition comme contribution à la réalisation du projet.

Une autre décision importante bénéfique au praticien est celle d'offrir aux membres de l'ADC des plans d'assurance automobile, assurance maladie et autres, à des taux vraiment avantageux.

Ce ne sont pas les seules questions d'importance considérées par le Bureau des Gouverneurs, mais le temps me fait défaut pour les énumérer toutes. Elles vous seront rapportées dans les prochains numéros du journal de l'Association.

Est-il nécessaire de mentionner que ces décisions sont le fruit du travail constant de vos représentants de toutes les parties du pays, qui consacrent si généreusement leur temps à cette fin. En mon nom personnel et au nom de l'Association, je les remercie chaleureusement.

J'ai eu le privilège, au cours de cette année, de visiter toutes les parties du pays à une exception près. Partout, j'ai été reçu royalement et j'en conserve un excellent souvenir. A la mesure de mes faibles moyens, si j'ai pu être utile à ma profession pendant les derniers neuf mois, j'en éprouve une grande satisfaction. A mon épouse et mes enfants, j'ose croire qu'ils m'ont pardonné mes nombreuses absences du foyer.

INSTALLATION CEREMONY

This ceremony marks the end of my term as President of the Canadian Dental Association. Custom decrees that the President should deliver some valedictory remarks on this occasion and I will preface these by publicly reiterating my appreciation for the high honour and great privilege that have been mine during the past year.

At its annual session last week the Board of Governors dealt with the accumulated business of the past year and set our future course. A landmark decision in that connection was the Board's approval of architectural and financing proposals for a new headquarters building in Ottawa. I am sure that all of you have seen the attractive model and the artist's exciting rendition of the proposed structure as illustrated in yesterday's Convention Bulletin. The decision to erect a new national home for Canadian dentistry in the nation's capital is an auspicious event under any circumstances; but it is doubly significant when that decision is made right here in Montreal, the city where our national association was founded some 70 years ago.

I would also like at this time to express warm appreciation to our corporate members in British Columbia, Alberta and Saskatchewan who are backing this project by making some of their reserve funds available to help the Canadian Dental Association finance the construction of the new headquarters. Taken in the context of our time, these initiatives represent an act of faith in the national association that will be remembered long after this meeting passes into history.

Another important decision that will benefit dentists across the nation is the authorization that was given to the CDA's Council on Insurance and Investment to develop a new general insurance program for the profession. It will enable individual members to acquire homeowner's and automobile coverage in addition to the protection now available for malpractice and business premises liability. I mention this program because it exemplifies once again how a national association can use the combined purchasing power of all its members in order to procure services for them on the most advantageous terms. Many other matters were considered by the Board but time does not allow discussing them here.

They will be reported to you in forthcoming issues of the CDA Journal. Suffice it to say that the actions taken by the Board are the fruit of the labour and thought of your representatives from every part of the nation who have during the past year devoted their time and talents to that end. To them I express the thanks and sincere gratitude of the Association.

During the past year, I have been privileged to move among you in many places across this broad land. Everywhere I have been treated with great courtesy and warm hospitality. For this testimony of your affection, I wish to express my heartfelt thanks and appreciation. If, in the past nine months, I have also been of some service to the Association and the profession I am greatly rewarded.

I hope my wife and children have forgiven me for my many absences from home during my term of office.

INSTALLATION CEREMONY

HONORARY MEMBERSHIP - PRESENTED BY PRESIDENT BERNIER

Dr. Robert M. LeBlanc

J'ai maintenant l'agréable tâche de présenter au Docteur Robert LeBlanc, registraire démissionnaire du College des Chirugiens Dentistes de la Province de Quebec, un certificat de Membre Honoraire de notre Association.

Son "curriculum vitae" m'apprend qu'il est né à Colombes en France le 29 avril 1904, d'un père canadien et d'une mère américaine. Ses études terminées au Lycée de Nice, il obtient un baccalauréat es-science de la Faculté des Sciences de Marseille et complète ses études en chirurgie-dentaire à Bordeaux.

Il ouvrit un cabinet dentaire à Perpignan où il y rencontra sa future épouse, Mademoiselle Yvonne Triollet. De ce mariage est issu un fils unique qui fait aujourd'hui sa marque en architecture.

Lors du dernier conflit mondial, sa citoyenneté britannique l'amène au Canada quelque temps avant l'occupation allemande en France. Des son arrivée au Canada, le Docteur LeBlanc s'installe à Sherbrooke et ne tarde pas à s'intéresser activement à tous les problèmes de la profession.

Tout en maintenant une pratique privée très active, il évolue en milieu hospitalier à l'Hotel Dieu de Sherbrooke, présente de nombreuses communications d'intérêt professionnel et scientifique; il est membre du Bureau des Gouverneurs du C.C.D.P.Q. depuis 1952 et rempli également les mêmes fonctions au niveau National de 58 à 60.

C'est a ce moment qu'il assume la responsabilité de registraire du C.C.D.P.Q. A cette tâche, il a apporté toutes ses énergies depuis douze ans pour structurer cette corporation provinciale, tant sur le plan financier, qu'administratif et lui donner le rayonnement qu'elle connaît maintenant.

Au niveau National, il a été largement responsable de l'adoption d'un nouveau Code d'Ethique de la Profession et y contribue encore régulièrement.

L'Association Dentaire Canadienne qui n'a pas d'insigne de chevalerie peut cependant reconnaître le mérite exceptionnel de ceux qui ont contribué à l'avancement de la profession en leur offrant un certificat de Membre Honoraire. C'est une reconnaissance qu'elle accorde avec parcimonie, ce qui témoigne de l'importance qu'elle y attache. J'ai l'extrême plaisir Docteur LeBlanc, de vous offrir ce témoignage au nom de tous vos confrères canadiens.

It is now a great honor and a great pleasure to present Doctor Robert LeBlanc, out-coming registrar of "Le College des Chirugiens Dentistes de la Province de Quebec" with an honorary member's certificate of our National Association.

INSTALLATION CEREMONY

Doctor LeBlanc's "curriculum vitae" tells me that he was born in Colombes, France, from a Canadian father and an American mother, on the 29th of April 1904. After finishing high school in Nice, he received his B.Sc. degree from the Faculty of Sciences at Marseille and completed his studies in dentistry at Bordeaux.

He started into practice at Perpignan where he was married to Mademoiselle Yvonne Triollet. Doctor and Madame LeBlanc have one son who is a successful architect.

During the last world war, just before the German invasion of France, his British citizenship brought Doctor LeBlanc to Canada. He, at once, settled in Sherbrooke and soon became interested and immediately involved in several aspects of his profession.

Keeping up his private practice, he also started doing clinical work at l'Hotel Dieu Hospital, in Sherbrooke. He wrote numerous papers concerning his own and other scientific fields.

He has been a member of the Board of Governors of the C.D.S.P.Q. since 1952 and assumed similar functions at the national level from 1958 to 1960. At this time, he gave up his practice to become the registrar of the C.D.S.P.Q. For 12 years now, he has given much energy to the planning of structures for our provincial corporation, in order to give it a sound financial as well as administrative basis. His untiring efforts have been rewarded and we are proud to acknowledge the new impulse for which he is responsible.

On the national level, he is also responsible for the adoption of a new Code of Ethics and is still contributing to its improvement.

The CDA does not yet possess any insigna for chivalry with which to honor its deserving knights. Nevertheless, it can acknowledge the exceptional merit of those members who have contributed, in some way, to the advancement of our profession by awarding a certificate of honorary membership. The CDA does not bestow this honor lightly.

Doctor LeBlanc, it is my privilege to present to you this testimony of the esteem of the Canadian dentists.

(President Bernier presented Mrs. LeBlanc with a corsage).

Dr. LeBlanc

Je vous remercie, M. le Président, pour les paroles élogieuses que vous avez prononcées à mon égard. C'est certainement, une amitié vieille de 25 ans qui est responsable de votre indulgence.

Je remercie les membres du Conseil Exécutif et tous les Gouverneurs de l'Association Dentaire Canadienne de m'avoir choisi comme récipiendaire de ce titre qui est la plus haute distinction que l'Association peut décerner à un simple dentiste.

INSTALLATION CEREMONY

Cette haute distinction, qui couronne une longue carrière professionnelle me fait d'autant plus plaisir que, de par ma fonction de Registraire du Collège des Chirugiens Dentistes de la Province de Québec, cet honneur rejaillit sur tous mes confrères du Québec.

Je vous exprime ma profonde émotion et ma vive reconnaissance.

I am deeply moved to receive this honorary membership. I know that this high distinction is given to only a few and I am humbly grateful for it.

Mr. Chairman, I wish, as an old colleague who will soon retire from active service, to give a message to all Canadian dentists.

Our profession has attained its maturity and Canadian dentistry has acquired prestige, not only in North America., but everywhere in the world. That we are so well recognized, is mostly due to the constant activities and vigilance of the Canadian Dental Association and the leadership of such dedicated men as Don Gullett and now Bill McIntosh.

Some of our provincial governments will soon adopt new dental Acts which will deeply modify the structure of our administrations.

It will take some years to evaluate the impact of these laws and rulings on our professional life.

If we want to protect the high level we have reached, to maintain our prestige, to progress, to preserve the excellence and reputation of our faculties and to achieve all this during the difficult, trying years ahead of us, we must, and this is a must, group our strength, our energies around our national Association.

So I urge all of you to support, with all your strength our Canadian Dental Association.

This is my wish, Mr. Chairman; and to everybody, I wish to express my deep appreciation for the honour bestowed upon me. I thank you.

Dr. MacLean, I would ask you now to install our new President.

DR. MacLEAN

My apologies for inability to convey this ceremony in French (or Newfoundlandese).

I am honoured and privileged to present to you Dr. David Kendall Peters

INSTALLATION CEREMONY

- who was born in St. John's, Newfoundland - educated in Prince of Wales College and Memorial University in St. John's and Dalhousie University in Halifax.

He has been President of the Newfoundland Dental Association - associate editor of the Journal of the CDA, a member of the Newfoundland Health Council and chairman of the Committee to revise the Newfoundland Dental Act.

He was a member of the Board of Governors for 6 years - the past two on the Executive Council.

In his youth, a soccer player of note, later he became a keen gardener - camper and traveller, but music has always been his chief avocation. When he was 15 he played the chapel organ at the American base in Newfoundland and has now been an outstanding choral director and organist for 28 years. He was organizer and leader of a choral group of professional men from his city who presented two programs per day for three weeks at Expo in this city in 1967. He has presented several recitals that were taped for the CBC, including a Dominion Day presentation on Parliament Hill in Ottawa. He was instrumental in founding the Newfoundland musical festival that has since involved some ten thousand children. It is a thrill to hear him play the harpsichord in his own home.

Last year, he was President of the Kiwanis Club of St. John's. Finally, he is a strong conservative and the activities of one recent premier, received rather close scrutiny from Dave Peters!

His charming wife, Dorothy, is here today with their four children, Ruth, Jane, Gillian and David, and I would like them to stand for your recognition. Dr. James Peters of Goderich, Ontario, is a brother and David's father and his wife are also here today, together with Mr. Charles Peters, President of the Montreal Gazette. Would you please stand.

This occasion marks the first time a native of Newfoundland becomes the President of the CDA and a large number of his confreres from that province are here to support him. Please note we are interrupting a line of continuity this year - Dr. Peters is not an orthodontist!

Dr. Peters, I am now pleased to officially install you as President of the Canadian Dental Association, with all the rights, privileges and responsibilities that accompany that high office.

DR. PETERS

I am deeply grateful to Dr. MacLean that one as respected in our profession as he has been able to come from Edmonton to preside at this installation ceremony today. His kind words and good wishes are sincerely appreciated as are the friendship and wise counsel extended to me as we have sat together through many Board of Governors and Executive Council meetings.

INSTALLATION CEREMONY

I have the greatest difficulty expressing to you today the pride and humility which are mine at having been selected to fill the high office of Presidency of the Canadian Dental Association. The list of distinguished men who have held this office and the sobering problems we face hold one in awe of the task ahead. During the past year, I have been watching at every opportunity the dignity and diplomacy of my friend and predecessor, Dr. Louis Bernier, and if I could only bring to the office the grace and charm he displays, especially towards the ladies, the rest, I am sure, would be easy.

Je tiens à vous faire part que j'éprouve à la fois un sentiment de fierté et d'humilité au moment d'assurer l'imposante charge qu'est la présidence de l'Association Dentaire Canadienne.

Les états de service de mes valeureux prédécesseurs et l'acuité des problèmes qui confrontent la profession font que la tâche de président est loin d'être de tout repos.

Au cours de l'an dernier j'ai été à même de réaliser avec quelle dignité, diplomatie et compétence mon ami et prédécesseur le Dr. Louis Bernier, s'est acquitté de ses fonctions. Si j'arrivais seulement à témoigner la courtoisie et la délicatesse dont il a fait preuve, le succès me serait presque assuré.

It is always a pleasure to visit LaBelle Province again to experience your cultural heritage which so enriches and identifies this part of Canada. In a smaller way, we in Newfoundland feel that, after eighty years of separation, our joining the Confederation has brought a distinct folk lore and unique customs and dialect to this great nation. I am told, for example, that I will be the first CDA president ever to require an interpreter in both official languages!

As neighbours, for Quebec is the only province with which we share a common border (a border of upwards of one thousand miles long) - we hold for you the greatest respect and affection which, I trust, will remain and grow.

You have selected as your president for the first time in several years, a general practitioner in dentistry - a sort of rose among orthodontists - for the first time ever a native of your newest province and the selection has been, for the first time, I believe, the result of a secret ballot.

In common with many institutions nowadays, the profession of dentistry is coming under serious questioning, even as to its very right to continue as a self-regulating profession. There are those who would downgrade and fragment the services we render. We must, in charity, examine objectively the proposals of all segments of society having the public good as their objective. We have a duty to resist change which is not in the public interest and to this end I am convinced we have the support and good will of a sympathetic public.

More important, however, is an obligation as individuals and as organized professional groups to seek out at every opportunity new and improved

INSTALLATION CEREMONY

means of providing an adequate program of dental health for Canadian people in every circumstance. This is their basic right and our supreme responsibility. It is only by dedication to this task that we will be able to retain our position as a respected member of the team of health professionals.

Mr. Chairman, and members of the Canadian Dental Association: in electing me as your president, you honour as well my family, all of whom, I assure you, are delighted to have this opportunity to spend a few days in Montreal. You honour my fellow practitioners in dentistry in Newfoundland - that noble band, some sixty strong, which has accepted the impossible challenge of providing a dental service for half a million Canadians. You honour the entire population of my province, scores of whom have expressed to me their pride at being identified with the accomplishments of a native son. And you honour many hundreds of Canadian dentists who, in remote and underserved areas of our country, render outstanding service to our people despite being far removed from the mainstream of cultural and professional life.

I trust that when we all meet again, as I hope we shall in Vancouver, in the autumn of 1973, that the honour was not given to the wrong man.

Thanking of Past President and presentation of gift - Dr. MacLean.

Last September in Ottawa, Dr. Louis Bernier, became President of this organization. Since that time he has contributed a tremendous amount of work, travel and effort toward furthering the activities of the CDA.

Dr. Bernier, on behalf of all the members here present, I am honoured to present to you this Past President's Jewel. I know you will wear it with pride. We welcome you to that sage and august group, known as the Past Presidents. As a small token of our appreciation, we ask you to accept this gift as a token of esteem on behalf of the CDA.

Together with every successful man is a lady who has seen him spend many hours in meetings and weeks in travel performing the duties of his office. We know Louis has had the encouragement and support of his charming wife, Fernande. Fern, would you please come up.

Fernande, the CDA is indeed indebted to you and your family for your forbearance this past year. We say thank you and would like you to accept these flowers and gift as an indication of our appreciation.

TRANSACTIONS

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION

V. 25.



ANNUAL MEETING
BOARD OF GOVERNORS
HOTEL VANCOUVER
OCTOBER 11 - 13, 1973

In order to reduce costs, the Canadian Dental Association will no longer automatically send copies of the Transactions of its Annual Meeting to all members.

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A S S O C I A T I O N



ANNUAL MEETING

BOARD OF GOVERNORS

HOTEL VANCOUVER

VANCOUVER

OCTOBER 11-13, 1973

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F O R E W O R D

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Hotel Vancouver in Vancouver, October 11-13, 1973. The report of the installation ceremony held in the British Columbia Ballroom of the Hotel Vancouver on October 17 appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections, etc. are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and action of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1972 - 73

President	D.K. Peters, St. John's
President-elect	J.E. Abra, Winnipeg
Immediate Past President	L. Bernier, Quebec
Executive Director	W.G. McIntosh, Toronto
Editor	R.M. Grainger, Toronto
Associate Editor	P. Simard, Quebec
Treasurer	J.B. Taylor, London
Chairman of the Board	W.P. Munsie, Vancouver
Comptroller	D.M. McDonald, Toronto

EXECUTIVE COUNCIL

D.K. Peters	J.E. Abra	I. Hrabowsky
L. Bernier	J.F. Reid	H.L. Mussells
	F.T. Wihak	

BOARD OF GOVERNORS

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W.C. Deacon	D.K. Peters
J.A. Doiron	J.F. Reid
V. Dontigny	D.L. Rife
J.E. Durran	L.J. Schiller
C.E. Gosselin	S. Silver
R.A. Gray	K.F. Walsh
I. Hrabowsky	F.T. Wihak

Alternates:

S. Claman	- Manitoba
M. Trepanier	- Quebec
H. Peters	- New Brunswick

Non-voting Representatives:

T.L. Marsh	- Department of National Health and Welfare
G.C. Evans	- Department of National Defence, Dental Services
F.T. Irwin	- Department of Veterans Affairs
R. Brandon	- Canadian dental students

AGENDA

A G E N D A

1973 BOARD OF GOVERNORS

OCTOBER 11 - 13

Thursday, October 11

9:00 a.m.	Call to order Invocation Official call of meeting Presentation of credentials Roll call Special orders of business Adoption of agenda Minutes of previous meeting Necrology Report President's Report Reference Committee assignments Assignment of submitted resolutions Manual for conduct of meetings
9:45 a.m. - 10:00 a.m.	Presentation of report of Nominations Nominations Council Nominations to Council on Nominations
10:00 a.m. - 12:30 p.m.	Reference Committees: open hearings
2:00 p.m. - 5:30 p.m.	Reference Committees: open hearings
7:30 p.m.	Reference Committees: executive session

Friday, October 12

9:00 a.m. - 11:30 a.m.	Reference Committees: open hearings
11:30 a.m.	Reference Committees: executive session
2:00 p.m. - 5:30 p.m.	Second session of the Board: Presentation of reports Statement by RCD(C) Statement by CFDE
7:30 p.m.	Reference Committees: executive session

AGENDA

Saturday, October 13

9:00 a.m. - 11:00 a.m.

Elections

9:00 a.m. - 12:30 p.m.

Third session of the Board:
Presentation of reports

2:00 p.m. - 5:30 p.m.

Fourth session of the Board:
Treasurer's Report
Meeting of members (voting and
corporate members)
Election results: Chairman,
Council on Nominations
Unfinished business
Adjournment

REFERENCE COMMITTEE PERSONNEL

<u>REFERENCE COMMITTEES</u>		<u>REPORTS</u>
<u>Committee #1</u>		
Gray	- Chairman	Education
Wihak		Hospital Services
Silver		Research
Leung		Endodontics (S)**
Dow		Oral Surgery (S)
Nicholl, Miss	- Secretary	Orthodontics (S)
		Paedodontics (S)
<u>Committee #2</u>		
Doiron	- Chairman	Communications
Hrabowsky		Health Care
McDougall		Prosthodontics (S)
Ambrose		Restorative Dentistry (S)
Macfarlane		Public Health (S)
Fournier, Mrs.	- Secretary	
<u>Committee #3</u>		
Mussells	- Chairman	Constitution and By-laws
Gosselin		Insurance and Investment
Walsh		Ethics
Yeo		Legislation
Wright		Periodontics (S)
Hunt, Mrs.	- Secretary	
<u>Committee #4</u>		
Schiller	- Chairman	Executive
Reid		President
Deacon		Treasurer
McCutcheon		
Hornibrook		
Kleysteuber, Miss	- Secretary	
<u>Special Resolutions Committee -</u>		Chairman: M.J.T. Dohan

* *Personnel: Council Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.*

** (S): Section

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

OCTOBER 1973

1. CFDE's eleventh annual meeting was held April 26-27, 1973 in the CDA offices at 234 St. George Street, Toronto. All trustees were in attendance with the exception of Dr. H. Brouillet, who had pressing commitments in Montreal.

The audited statement for the year ending December 31, 1972 was reviewed and approved. It is a pleasure to report that new records were established in terms of income received and assistance provided for dental education and research. Total income for 1972 was over \$112,000 and more than \$84,000 was invested in the future of dentistry. Gifts from dentists, dental hygienists and business & industry were all substantially higher than in the previous year. More than 1,800 contributions were received from dentists with 55 being for \$100 or over. Unquestionably the enthusiastic support from members of the profession was a major factor in the sharp increase in gifts from business & industry.

2. Dr. Ralph C. Burgess, Chairman of the Advisory Committee on Fellowship Selection, personally presented his report to the meeting. Highlights of Dr. Burgess' report were: In all 24 applications were received, and the Committee recommended the awarding of 13 fellowships, ranging in size from \$1,500 to \$8,000. The size of the fellowship awards was adjusted to take into consideration increased cost of living and the fact that fellowships are now largely taxable income in the hands of the recipients. Awards were made to 10 dentists and 3 dental hygienists. In the opinion of the Committee all successful applicants will make an important contribution to dental education in Canada.

On behalf of my fellow trustees I want to express grateful appreciation to the members of this Committee for the time and effort they devoted to this rather difficult assignment. Our particular thanks to Dr. H. J. MacConnachie of Dalhousie University, who attended his first Committee meeting.

3. A grant of \$1,000 was approved for each of Canada's ten dental schools, conditional upon receipt of an application stating how the funds will be used. This represents a reduction of \$250 each

from last year's grants, however, the trustees recommended that, should additional funds become available during the year, the grants be increased to \$1,250 each.

4. A grant of \$3,000 was approved to underwrite the cost of a teaching conference on oral biology/oral medicine sponsored by CDA's Council on Education.
5. In 1971 at the request of the Student Membership Committee of CDA's Council on Education, the trustees approved funding for the 1972, 73 and 74 students' conferences as budgeted up to a limit of \$10,000. \$4,090 was paid to fund the 1972 conference in Vancouver, and an allotment of \$2,815 has been made to finance this year's conference in Montreal. A resolution was passed by the trustees to invite the Chairman of the CDA Student Membership Committee and the Chairman of the 1973 students' conference to attend the 1974 spring meeting of the CFDE Board of Trustees for the purposes of discussing students' conferences and the possibility of continued funding of this program.
6. A grant of up to \$6,000 was allocated to CDA for the purpose of partially funding a workshop conference on the services of dental auxiliaries, the conference to be held in late 1973 or early 1974.
7. CDA's Council on Research, Committee on Standards for Dental Materials and Devices, was awarded a grant of \$1,250. Similar funding was provided in 1971 and 1972.
8. Six dental hygiene scholarships were approved, one for each school offering a course for hygienists. Money for these scholarships is provided jointly by the CDHA trust fund, a national company and contributions from hygienists. I want to commend the girls for conducting a well organized fund raising campaign in 1972, which resulted in individual contributions more than doubling.

Two scholarships with a value of \$250 each were approved for dental technology students achieving the highest standing in the first and second year of the three year course at George Brown College.

9. You will recall that in 1971 the trustees authorized a grant of up to \$20,000 to enable CDA's Council on Education to inaugurate an accreditation system for Canadian programs of post-graduate and graduate clinical education. Considerable progress had already

been made and an amount of \$8,100 is included in the Fund's 1973 budget to help complete the project.

10. Also approved at this year's annual meeting was an estimated amount of \$4,000 to fund CDA's student table clinic program at the convention here in Vancouver. This is now a successful ongoing program, funded completely by a special grant from two related Canadian companies. These two companies, by the way, are long-time friends of the Fund and contribute substantially to our other programs.
11. As suggested by the CDA Executive Council, the Board looked into the matter of placing a term on the appointment of trustees which resulted in the following resolution:

The Board recommends

- (a) that the Executive Director of the CDA be an ex officio member of the Board of Trustees with full privileges thereon;
- (b) that the nine remaining trustees be eligible for two consecutive terms of three years each, with the exceptions noted in (c), (d) and (e) below;
- (c) that in the case of a vacancy, the trustee so appointed shall complete the unexpired term and be eligible for two consecutive terms of three years each;
- (d) that in 1973 and in order to maintain continuity of trustee membership at a critical time and coincidentally to initiate the proposed rotational pattern of trustee membership, the following appointments be recommended:

3 years:	M. J. Crompton
	H. Hillenbrand
	J. W. Neilson
2 years:	M. E. Bower
	C. E. Peirce
	H. Brouillet
1 year:	M. G. Boyes
	M. J. Lipkind
	S. Margolese
- (e) that in 1974 and thereafter three trustees per year be appointed for a term of three years;
- (f) that the present trustees be eligible for one term of office after the conclusion of their appointments as stated in (d).

Carried.

If the Board of Governors agrees with this recommendation, we would appreciate a resolution indicating approval.

On motion from the floor:

Moved that the terms on the appointment of CFDE trustees recited in paragraph 11, sub-sections (a) to (f), be approved.

Adopted

I would like to add that all of the present trustees, with the exception of Dr. S. Margolese, have indicated a willingness to continue to serve on the Board. In this connection I would draw your attention to the following resolution passed at our meeting:

The Board accepts Dr. Margolese's resignation with deep regret and wishes to express grateful appreciation for his invaluable service to the Fund as trustee for British Columbia.

Carried.

At the time of writing this report (July 31, 1973) a suitable replacement for Dr. Margolese has not yet been selected. However, I will be pleased to make a nomination at the Board of Governors meeting.

On motion from the floor:

Moved that Dr. Basil Plumb of Vancouver be invited to serve as CFDE trustee for British Columbia.

Adopted

12. At last year's Board of Governors meeting (transactions page 59, item 57) you approved the transfer of funds being held in the name of the War Memorial Fund to the Canadian Fund for Dental Education to be held in a special account for use as directed by the CFDE, as soon as it is legally possible to do so.

The appropriate government officials were consulted and no problems were involved since it was simply a transfer from one recognized charitable organization to another. Accordingly, the transfer was made as of December 31, 1972, and the War Memorial Fund assets are now shown separately under the general heading of endowment funds in CFDE's 1972 audited report. May I assure you that the distribution of income arising from the War Memorial Fund assets will receive the same careful consideration by our trustees as all other funds entrusted to their care.

13. I sincerely hope our carefully planned publicity has been sufficiently successful that you are now all quite familiar with the establishment of CFDE's Capital Fund. It was a bold step for-

ward and taken only after thorough investigation by your Board of Trustees. I can assure you, we are convinced that it will produce tremendous benefits for dentistry in Canada. The response from the profession across Canada has been truly magnificent and at the time of writing (July 31, 1973) contributions in cash and pledges total \$253,172. All of us connected with the Fund are deeply grateful for the hundreds and hundreds of generous contributions. We also want to extend sincere thanks to the many volunteer workers who served in various capacities and whose untiring efforts have made the Capital Fund campaign a real success.

14. A most noteworthy event since our annual meeting in April was the establishment of the Lorne E. MacLachlan Endowment Fund. No doubt by now you all know that Dr. Lorne E. MacLachlan of Ottawa made a contribution of \$45,000 to CFDE in order to set up this endowment for teacher training. It is an exceptionally thoughtful and generous action by a member of the profession, and I would hope that the Board of Governors will pass a resolution expressing thanks to Dr. MacLachlan.

On motion from the floor:

Moved that an expression of appreciation from the Board of Governors be forwarded to Dr. Lorne E. MacLachlan for his generous contribution to the CFDE for the establishment of the Lorne E. MacLachlan Endowment Fund for teacher training.

Adopted

15. We are most grateful to CDA for continuing to provide us with office facilities and wish to thank you most sincerely for your cooperation. In an effort to convey that appreciation your trustees voted unanimously to increase the monthly rental paid CDA to \$250 from \$200 effective January 1, 1973.
16. For my part, gentlemen, I am honoured indeed to be associated with CFDE and thank you for the privilege of presenting this report. We will be happy to answer any questions and, as always, will welcome your comments and suggestions.

Respectfully submitted,

M. E. (Bud) Bower, Chairman
Board of Trustees

COMMUNICATIONS

MEMBERS: W.J. Spence, Toronto, Chairman; D.V. Allen, Windsor; G. Baril, Montreal; L. Bosse, Dorval; W.B. Chapple, Toronto; G.J. Chong, Toronto; I. Hrabowsky, St. Catharines.

R E P O R T

COUNCIL MEETINGS

1. The Council held two full-day meetings on Wednesday, October 11, 1972 and on Wednesday, April 25, 1973. The agenda of the second meeting had to be completed at an evening session on Monday, May 7, 1973.
2. Because of an increasing number of agenda items, the Council proposes to meet three times during the 1973-74 period.

COUNCIL PERSONNEL

3. With regret, the resignation of Dr. Marvin D. Klotz of Toronto was accepted. Council welcomed the appointment by the President of Dr. Bradley W. Chapple of Toronto to fill Dr. Klotz' unexpired term.

PUBLIC INFORMATION OFFICER

4. At the end of 1972 Mr. Stephen Bitten resigned from the Association staff and Mr. Jurij Bilyk was engaged. Mr. Bilyk left the Association in June 1973 and a replacement is currently being sought. Because of these changes during the year, Council and senior staff members experienced some difficulty in maintaining continuity in the Council's present and projected programs.

FILMS

5. Dr. George Sparrow, a Toronto dentist with considerable expertise in film production, has produced two new films for the Association. These are to be available for preview at the 1973 Convention. One film entitled "Oral Pain" is aimed at the profession and the second film for lay public consumption is on prevention and plaque control.

FILM CLIPS

6. Two new film clips, "Madrigal" and "Smiling", were purchased and well received by the media. These productions were conceived, researched and scripted by dental students at University of Alberta working under a federal Opportunities for Youth grant.
7. Council reviewed the age and degree of usage of all the Association's current film clips. Several were noted to be outdated. Council proposes the production of four new film clips, two of which will be "voice-overs" from Dr. Sparrow's films in order to reduce costs.

COMMUNICATIONS

RADIO SPOT ANNOUNCEMENTS

8. Twenty to thirty-second spot announcements are distributed by the Association's Bureau of Public Information in both English and French languages and are used as public service announcements at radio stations' convenience. This project is considered very worthwhile and is to be continued. Council noted that it may be more difficult to obtain free public service time on radio stations in the future because of the recent paid advertising campaign of a corporate member.

NEWSPAPER COLUMNS

9. The dental column in weekly newspapers is now reaching 850,000 readers and there has been a further effort this year to increase this figure to 1,000,000.
10. The column authored by Dr. W.J. Dunn which appears in daily newspapers is also very successful and is meeting with a high rate of response. An effort is being made to syndicate the "Ask the Dentist" column as Council considers this to be in the best interests of the Association.

NATIONAL DENTAL HEALTH WEEK

11. Council was pleased to note that all ten provinces had participated in the National Dental Health Week coinciding with the ADA's National Children's Dental Health Week, February 4-10, 1973. The CDA Bureau of Public Information supplied corporate members with program planning suggestions, radio announcements and newspaper articles, et cetera. This was considered by the Council to be a successful and worthwhile effort and it is hoped to continue the project in future years.

LIBRARY PUBLICITY

12. The informative pamphlet on the CDA Library is being regularly distributed, especially to new graduates and student members of the CDA. It was agreed by Council that, budget permitting, the services of the Library should again be displayed at the 1973 Convention as this promotion has proven to be of value and interest to the profession.

PUBLIC RELATIONS MANUAL

13. The Manual has been distributed to members of the profession in key positions but fundamentally it is a resource document available to any member on request. Translation into French is being arranged.

PATIENT RELATIONS MATERIAL

14. The nutrition pamphlet entitled "Four-Leaf Clover" is being revised. As suggested by the Council on Public Health and Preventive Dentistry, plans are being made to produce a new pamphlet on "Mouth Guards for Contact Sports".

GOVERNMENT NEWSLETTER

15. Council approved the principle of producing a Newsletter which is short, concise and straight to the point, meant to convey to members of parliament informative, pertinent material when adjudged appropriate. Copies would be sent to corporate members.

GIFT PAX

16. Gift-Pax Company, in co-operation with several leading Canadian manufacturers, assemble a gift package containing product samples that are of interest to a new mother and her family. The packages are given to hospitals across Canada for distribution to new mothers - approximately 300,000 per year in 500 hospitals. The CDA was invited to include a pamphlet on home dental care. With the assistance of the Council on Public Health and Preventive Dentistry, a pamphlet entitled "What Your Family Should Know About Dental Plaque" was developed and distributed through Gift-Pax, who partially subsidized the printing costs. Council approved this project on a continuing basis.

NATIONAL COMMUNICATIONS CONFERENCE

17. Because of lack of budget for a conference in 1973, the Public Information Officer was requested by Council to report on the feasibility of holding a conference in 1974. As an effort in co-operation with corporate members and in order not to overlap provincial programs, the Bureau was instructed by Council to ascertain the scope and nature of their programs. In this way it is hoped to identify those areas where the Canadian Dental Association might be most helpful. The Public Information Officer is then to design a national public relations program that could meet the general requirements of the profession across Canada. After those areas which have national, and those which have specifically provincial, applications are defined, a National Communications Conference would be organized at which the various problems and proposed areas of co-operation could be thoroughly discussed.

FLUORIDATION

18. Mr. L.H. Bowen, Fluoridation Officer, reported to Council that the Department of National Health and Welfare has decided to assume certain responsibilities for fluoridation information and promotion. He suggested that this does not relieve the CDA from the obligation of continuing its own efforts to bring this health measure to the people of Canada.

THERAPEUTIC DENTIFRICES

19. A member of Council correctly pointed out that the use of the word "therapeutic" as applied to dentifrices is, in fact, not technically accurate and that when the opportunities present themselves, a more correct or accurate wording could be used in future publications of the JOURNAL or other printed matter. Council concurred

DENTAL OFFICE PLAQUE

0. A sample plaque to be used in the dental office which could carry inserts for public dental health education was examined by the Council. Implementation of the idea was approved and will again be considered by the Council at a future meeting.

TRANS-AD" PROJECT

1. A project involving advertising cards carrying dental health messages for use in transit vehicles was presented to Council. An attempt is being made to finalize agreement with the Trans-Ad company whereby the Association would supply the art work and message cards in French and English for use on an "if and when" basis across Canada. Council approved the project if the cost is not considered prohibitive.

CANADIAN NATIONAL EXHIBITION BOOTH

2. Rental space at the Canadian National Exhibition was offered to the Association for a dental exhibit and was accepted. Original plans to have the booth manned by University of Toronto dental students operating under a federal Opportunities for Youth grant, assisted by officers of the Department of Dental Public Health and equipped by several dental manufacturers, had to be abandoned. However, the Ontario Dental Association through the chairman of its Communications Committee, Dr. M.D. Klotz, agreed to co-operate in ensuring that the display is properly manned. This co-operation between the national association and its largest corporate member in a worthwhile public relations project is commendable. In Council's opinion, the Ontario Dental Association has shown the way to improving national-provincial relations with this kind offer of assistance. A later issue of the CDA JOURNAL will carry an article and pictorial description of the project.

COUNCIL ON COMMUNICATIONS PROPOSED CHANGES

3. The Council approved the proposed change in name to Council on Information Services, composition and terms of reference suggested by the Executive Council, believing that these proposals are in keeping with the general philosophies expressed by the Council on Communications. (see report of Council on Constitution & By-laws)

ASSOCIATION COMMUNICATIONS WITH THE PROFESSION

4. The urgent problem of better communications with the membership of the Association was the subject of considerable discussion by the Council. Council is greatly concerned with the seeming apathy, lack of understanding, and sometimes direct antagonism exhibited by some members of the Association.
5. There was general agreement that this subject should be given a very high priority in Council's thinking. The comprehensive brochure "You and the Canadian Dental Association" has been distributed to all members

in order to better acquaint them with the services currently being provided by their national organization. With the assistance of the Bureau of Public Information, the Council will explore ways and means of improving communications and understanding within the profession.

SEAL OF RECOGNITION FOR DENTIFRICES

26. The Board of Governors on recommendation of the Council on Communications approved a specific "seal of recognition" to be used along with the approved statement of usefulness in the advertising of two dentifrices, proven to be effective in reducing the incidence of dental caries. (1972)
27. The dentifrice manufacturers have found that when the seal is sufficiently reduced in size for use on some of the toothpaste tubes and cartons it is so small the words become illegible.
28. Council has considered the matter and recommends the new designs as shown in Appendix A, the difference simply being that in the new English version the words "the" and "by" are dropped and in the French version "par" is deleted.
29. The Health Protection Branch of the Department of National Health and Welfare must also approve the alterations before the new seals can be used.
30. Council therefore requests Board approval of the following resolution.

RESOLVED

That the Board of Governors approve the new seal of recognition designs as recommended by the Council on Communications and subject to approval by the Health Protection Branch of the Department of National Health and Welfare authorizes their use as replacements for those approved in 1972.

Adopted

As a result of discussion on the Seal of Recognition the following resolutions are proposed:

RESOLVED

That companies using the seal of recognition be requested to assume the responsibility to ensure that their products are not sold beyond the expiry date printed on the packages.

Adopted

RESOLVED

That the content of dental advertisements for products recognized by this Association be reviewed by the Council on Communications with the intent of improving the preventive message.

Adopted

COMMUNICATIONS

The Board commends the chairman and Council for their cooperative efforts with our corporate members. In view of the fact that chairman's remarks are not to be included in the Transactions, this Board would like to have the following comments included in the report: (ed.note: paragraph originally appeared in the "Chairman's Remarks" section of the report of the Council on Communications)

"There are many directions of thrust in which your Association, in its communications efforts, could aim. However, within the necessary budget limitations it is the opinion of the Chairman that the greatest effort must be put toward a friendly and effective cooperation with all the Association's corporate members and an improved relationship with the profession in Canada. We must all work diligently towards this not-unattainable professional Utopia."

We agree that communications are the highest priority of this association. We deplore the fact that budgetary cuts have necessitated the curtailment of Council's external communications programs. We strongly urge the support of the Executive Council's proposals for intensifying our internal communications.

Appendix A

ORIGINAL



REVISED



MEMBERS: H.R. MacLean, chairman, Edmonton; P.S. Christie, Halifax; H. Brouillet, Montreal; W.J. Spence, Toronto.

R E P O R T

CONSTITUTION

1. Pursuant to the Board of Governors' direction in 1972 (1972T98), an application was made to the Department of Consumer and Corporate Affairs in Ottawa to have the Association continue as a corporation without share capital under Part 2 of the Canada Corporations Act.
2. The application has now been approved. The Letters Patent and By-laws as approved by the Department are attached as Appendix 1. The following resolution is presented for Board approval:

RESOLVED

that the Letters Patent and By-laws presented as Appendix 1 to the 1973 report of the Council on Constitution and By-laws be excluded from the printing of the 1973 TRANSACTIONS and

that the Letters Patent and By-laws as amended by the 1973 Board of Governors be printed and distributed to Board, Council and corporate members as soon as possible following the 1973 Board meeting.

Adopted

BY-LAWS

Article XII, Section 5 (page 28): Votes

3. Article XII, Section 5, at present reads: "Every question submitted to any meeting of voting members shall be decided by a majority of votes."
4. To clarify the point that according to the Act certain actions only require a two-thirds vote (otherwise a normal majority vote is sufficient), Council presents the following resolution for Board approval:

RESOLVED

that Article XII, Section 5, be amended to read: "Unless a greater majority is required by the provisions of the Canada Corporations Act, every question submitted to any meeting of voting members shall be decided by a majority of votes."

Adopted

CONSTITUTION AND BY-LAWS

Article XII, Section 6 (page 29, formerly second paragraph of Section 5): Chairman of Meetings

5. The first paragraph on page 29 should be a separate section, namely number 6, with the heading "Chairman of Meetings". The following resolution is presented for Board approval:

RESOLVED

that Article XII, Section 5, second paragraph should be amended to read "Section 6, Chairman of Meetings: The Chairman of the Board of Governors, or in his absence the President, or in his absence the President-elect shall be the Chairman of a meeting of voting members".

Adopted

Article XII, new Section 7 (page 29): Quorum

Assuming adoption of the resolution in paragraph 5, the Section now numbered six should be re-numbered Section 7.

6. This section at present reads: "For all purposes, three (3) Corporate members represented at the meeting shall be necessary to constitute a quorum". To overcome the possibility that only three voting members could set the grants, Council presents the following resolution for Board approval:

RESOLVED

that Article XII, new Section 7, be amended to read: "For purposes of establishing the annual grants from the corporate members (Article XVIII), seven (7) corporate members represented at the meeting shall be necessary to constitute a quorum. For all other purposes, three (3) corporate members represented at the meeting shall be necessary to constitute a quorum".

On motion from the floor:

Moved that the above resolution be amended by adding the words "representing a majority of the individual members of this Association" following the words "seven (7) corporate members" in the fourth line

Adopted

On motion from the floor:

Resolved

that Article XII, new Section 7, be amended to read: "For purposes of establishing the annual grants from the corporate members (Article XVIII), seven (7) corporate members representing a majority of the individual members of this Association represented at the meeting shall be necessary to constitute a quorum. For all other purposes, three (3) corporate members represented at the meeting shall be necessary to constitute a quorum".

Adopted

Article XIV, Section 4(e) (page 35): Council on Education

7. The second paragraph of Article XIV, Section 4(e) now reads: "The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, and the Royal College of Dentists of Canada have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each."
8. At the request of the Board of Governors (1972T60) that provision be made for non-voting representation on the Council from the Canadian Dental Hygienists' Association, Council presents the following resolution for Board approval:

RESOLVED

that Article XIV, Section 4(e), second paragraph, be amended to read: "The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and the Canadian Dental Hygienists' Association have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each."

Adopted

Article XIV, Section 4, new sub-section (g) (page 37):
Council on Health Care

9. In accordance with the Board directive (1972T94), the interim Council on Health Care developed terms of reference which were referred to this Council for review. (see Council on Health Care report, para. 3)
10. Council agreed with the Council on Health Care's suggestions with the exception of the request for voting privileges for the auxiliary groups, being of the opinion that an arrangement to parallel that mentioned in paragraph 8 of this report for the Council on Education would be in order. The following resolution is presented for Board approval:

RESOLVED

that Article XIV, Section 4, be amended by inserting a new sub-section between the "Council on Ethics" and the "Council on Hospital Services" entitled "Council on Health Care", such sub-section to be appropriately numbered, and

that the content of the new sub-section be as follows:

"The Council on Health Care shall consist of one voting member from each corporate body and one non-voting representative each from the Canadian Dental Hygienists' Association and the Canadian Dental Nurses and Assistants Association.

"In order to ensure future continuity of policies and actions, the initial terms (normally 3 years) shall be one year for the first three names drawn from a pool of those elected by the Board of Governors to this Council, two years for the next three names drawn, and three years for the remaining four names. In each case, the member would be eligible for a normal second term of three years.

"It shall be the duty of the Council on Health Care:

- "1) to study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures;
- "2) to study dental health care delivery systems including public health programs and recommend related guidelines for improving the dental health of the people of Canada;
- "3) to study and report on the economics of the various methods of delivering dental health care;
- "4) to study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups;
- "5) to develop and identify resource documents relating to the above duties that can be made available to the corporate members, on request;
- "6) to cause a Canadian dental health index to be established and maintained."

On motion from the floor:

Moved that this resolution be amended by inserting the following paragraph between the fourth and fifth paragraph of the above resolution: "Following selection by the Executive Council of the Chairman of the Council on Health Care, the CDA President in consultation with the corporate body from which the Chairman is selected is authorized to appoint another representative from that province to fill the vacancy on the Council."

Adopted

On motion from the floor:

Moved that the words "and a chairman" be added to the third paragraph following the words "and Assistants Association."

Adopted

On motion from the floor:

Resolved

that Article XIV, Section 4, be amended by inserting a new sub-section between the "Council on Ethics" and the "Council on Hospital Services" entitled "Council on Health Care", such sub-section to be appropriately numbered, and

that the content of the new sub-section be as follows:

"The Council on Health Care shall consist of one voting member from each corporate body and one non-voting representative each from the Canadian Dental Hygienists' Association and the Canadian Dental Nurses and Assistants Association, and a chairman.

"In order to ensure future continuity of policies and actions, the initial terms (normally 3 years) shall be one year for the first three names drawn from a pool of those elected by the Board of Governors to this Council, two years for the next three names drawn, and three years for the remaining four names. In each case, the member would be eligible for a normal second term of three years.

"Following selection by the Executive Council of the Chairman of the Council on Health Care, the CDA President in consultation with the corporate body from which the Chairman is selected is authorized to appoint another representative from that province to fill the vacancy on the Council.

"It shall be the duty of the Council on Health Care:

- 1) to study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures;*
- 2) to study dental health care delivery systems including public health programs and recommend related guidelines for improving the dental health of the people of Canada;*
- 3) to study and report on the economics of the various methods of delivering dental health care;*
- 4) to study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups;*

- 5) *to develop and identify resource documents relating to the above duties that can be made available to the corporate members, on request;*
- 6) *to cause a Canadian dental health index to be established and maintained."*

Adopted

(Ed.note: see Council on Nominations for results of election to the new Council on Health Care and the draw for terms of office).

11. The following resolution is presented for Board approval:

RESOLVED

that Article XIV, Section 4(a) "Council on Auxiliary Services", Section 4(d) "Council on Dental Services" and Section 4(k) "Council on Public Health and Preventive Dentistry" be deleted from the by-laws of the Canadian Dental Association.

Adopted

12. Assuming the Board's agreement with the first paragraph of the resolution contained in paragraph 10 of this report and the resolution contained in paragraph 11 of this report, the Council on Constitution and By-laws will ensure that Article XIV, Section 1(a) (list of the Councils of the Association) and the re-numbering of the sub-sections of Section 4 are in order before the reprinting of the by-laws mentioned in paragraph 2 of this report.

Article XVI, Section 3, paragraph 2 (pg.47):
Bureau of Public Information

13. Paragraph 2 of this section now reads: "It shall be the duty of the Bureau of Public Information to develop specific educational programs for the Association in conjunction with the Communications Council."
14. After consultation with the Council on Communications, the Executive Council approved the following new terms of reference for the Bureau of Public Information, with which the Council on Constitution and By-laws concurs. The following resolution is presented for Board approval:

RESOLVED

that Article XVI, Section 3, second paragraph,
be amended to read:

"It shall be the duty of the Bureau of Public Information to

- "1) develop and maintain a public relations program for the Association, including the dissemination of information and publicity covering activities of the Association;

- "2) develop and maintain a program of dental health education for the Association and to assist corporate members and other agencies in the development of effective programs of dental health education;
- "3) develop and maintain a film library and a program of audio-visual services for the Association;
- "4) foster the use and production of audio-visual materials of interest to the dental profession."

Adopted

Article XVI, new Section 4 (page 47): Director of Communications

15. The Executive Council has proposed terms of reference for a Director of Communications. Council concurs in their suggestions and presents the following resolution for Board approval:

RESOLVED

that Article XVI be amended by the addition of a new Section 4 entitled "Director of Communications" and reading as follows:
"A Director of Communications may be appointed by the Executive Council. It shall be the duty of the Director of Communications, subject to the directives of the Board of Governors and the Executive Council, to co-ordinate and be responsible for public and professional communications".

Adopted

Article XIV, Section 4(b) (page 32): Council on Communications

16. The Executive Council has recommended a change in name and altered terms of reference for the Council on Communications, the members of which have also agreed with the changes. The terms of reference at present read: "The Communications Council shall consist of seven members. The Council shall have power to appoint committees and employ such personnel as necessary, within its jurisdiction, provided that if such employment involves the expenditure of funds other than those already allotted to the council they must be approved by the Board of Governors. It shall be the duty of the Communications Council: (i) to provide direction, under the guidance of the Board of Governors, for a continuing communications program to enhance the services of the Association to the public and the profession, (ii) to be responsible for distribution of information through all channels of communication, (iii) to be responsible for periodicals and publications issued by the Association. This shall include but shall not be limited to the Journal of the Canadian Dental Association, (iv) to make recommendations for the management of the

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Journal and its advertising content, (v) to be responsible for assignments to outside communications personnel when such personnel are retained by the Association and to be responsible for the satisfactory discharge of said assignments."

17. The Council on Constitution and By-laws presents the following resolution for Board approval:

Resolved

that Article XIV, Section 4(b) be amended to read:

"Council on Information Services

"The Council on Information Services shall consist of five members.

"It shall be the duty of the Council on Information Services

- 1) to develop guidelines for methods and programs to disseminate educational material to the public;
- 2) to develop guidelines for methods and programs to effectively communicate with members of the Association;
- 3) to develop guidelines for the management of the JOURNAL and its advertising content".

Adopted

SECTION BY-LAWS

18. In accordance with requirements of CDA by-laws (Article XV, Section 2(b)) proposed amendments in by-laws were submitted to the Council by the Canadian Society of Oral Surgeons and the Canadian Academy of Restorative Dentistry. Comments on both submissions were forwarded to the CDA Executive Council.

APPLICATIONS FOR SECTION STATUS

19. Applications for section status were received from The Association of Prosthodontists of Canada, the Canadian Academy of Oral Pathology and the Canadian Academy of Oral Radiology, and the by-laws of each organization were examined by the Council on Constitution and By-laws.
20. Action on these applications will be requested in the Executive Council's report to the Board of Governors.

COUNCIL MEETING

21. Each year many important matters arise related to the functioning of this Council. Conclusions should be the result of free discussion around the conference table. Therefore, the Chairman recommends one annual meeting of the Council members approximately two months prior to the annual meeting of the Board.

Resolved

*that the Board of Governors recommend that
the Council on Constitution and By-laws hold
one formal meeting a year.*

Adopted.

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MEMBERS: K.J. Paynter, chairman, Ottawa; D.R. Gratton, Grand Bend; L.G. Mandin, St. Paul; M.J. Crompton, Moncton; J.D. Purves, Toronto; W.F. Hancock, Fort Qu'Appelle; G.E. Decker, Edmonton; E.R. Ambrose, Montreal; W.H. Feasby, London.

R E P O R T

1. The Council on Education met at headquarters from April 30 to May 2, 1973. All members were present. Also in attendance were: Dean J. McCutcheon, representative of the Association of Canadian Faculties of Dentistry; Dr. G.S. Beagrie, representative of the Royal College of Dentists of Canada; and Mrs. Joan Voris, representative of the Canadian Dental Hygienists Association.
2. The following observers were present during all or part of the meeting: Deans J-P Lussier, G.N. Nikiforuk, W.J. Dunn, J.W. Neilson, S.W. Leung, and Dr. R.G. LaFleche (representing Dean P. Simard); Dr. T.J. Ginley, Secretary of the Council on Dental Education of the American Dental Association; Dr. J.E. Speck, Council representative to the National Dental Examining Board of Canada; and Dr. M.A. Rogers, CDA Accreditation Co-ordinator.
3. Several persons attended to present reports: Dr. C.H.M. Williams (1973 Teaching Conference); Dr. D.J. Kenny (Student Membership Committee); Dr. R.E. Echlin (Dental Aptitude Test Committee); Dr. D.L. Anderson (National Cancer Institute); Dr. G.S. Beagrie (Conference on Continuing Education); Dr. J.W. Neilson (ACFD annual meeting); Dr. E.R. Ambrose (ACMC annual meeting); Drs. M.J. Crompton and J.E. Speck (NDEB annual meeting); Messrs. M.E. Bower and D.M. McDonald (CFDE); Dr. L.G. Mandin (Committee on Survey Policy). Unable to present their reports in person were: Dr. M.P. Tenenbaum (War Memorial Awards Committee) and Dr. B.M. Twible (National Recruitment Committee).

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:
5. Meetings
The Committee met at headquarters on October 2-3, 1972 and March 12-14, 1973. During the October meeting, the Chairman welcomed Dr. D.R. Gratton as a Council representative to the Committee, and during the March meeting, Dr. J-P Lussier was welcomed as the ACFD representative for an initial three-year term. This was also Dr. Mandin's first committee meeting. Members of the Committee are: Dr. L.G. Mandin, St. Paul (chairman); Dr. W.J. Dunn (Council representative); Dr. D.R. Gratton (Council representative); Dr. J.D. Purves (NDEB); Dr. J-P Lussier (ACFD); Dr. H.T. Oliver (RCDC) and Dr. G.E. Decker (Registrars).

6. Reports on 1972-73 surveys:

The following classifications of accreditation were awarded to programs surveyed in the 1972-73 Council year:

- 1) University of Saskatchewan undergraduate dental: provisional approval;
- 2) McGill University undergraduate dental: approval;
- 3) Universite de Montreal undergraduate dental: approval;
- 4) University of Western Ontario undergraduate dental: approval;
- 5) McGill University graduate program in oral surgery: provisional approval;
- 6) McGill University graduate program in prosthodontics: provisional approval;
- 7) University of Manitoba graduate program in oral surgery: accreditation eligible;
- 8) University of British Columbia undergraduate dental hygiene program: approval;
- 9) Universite de Montreal undergraduate dental hygiene program: accreditation eligible;
- 10) Red Deer College undergraduate dental hygiene program: action was deferred on the College's application for accreditation eligible status for the reasons stipulated in the covering motion;
- 11) Canadian Armed Forces Dental School dental hygiene program (dental therapist level 6B): approval;
- 12) Canadian Armed Forces Dental School dental hygiene program (expanded duties): deciding that awarding of accreditation classification was outside their purview at the present time, Council directed that the survey team's report be sent to the Commandant without comment on accreditation status;
- 13) Canadian Armed Forces Dental School dental assisting program: approval;
- 14) George Brown College of Applied Arts and Technology, Toronto, dental assisting program: approval;
- 15) St. Clair College of Applied Arts and Technology, Windsor, Ontario dental assisting program: approval;
- 16) Niagara College of Applied Arts and Technology, Welland, Ontario dental assisting program: approval;
- 17) Southern Alberta Institute of Technology, Calgary, dental assisting program: approval
- 18) Northern Alberta Institute of Technology, Edmonton, dental assisting program: approval
- 19) Fanshawe College of Applied Arts and Technology, London, Ontario, program in dental assisting: approval
- 20) West Hill Collegiate Institute, West Hill, Ontario, program in dental assisting: no accreditation award because of the general reasons outlined in paragraph 18 of this report;
- 21) Sir Allan MacNab Secondary School, Hamilton, Ontario, program in dental assisting: no accreditation award because of the general reasons outlined in paragraph 18 of this report;
- 22) Winnipeg Technical/Vocational School, Winnipeg, Manitoba, program in dental assisting: no accreditation award because of the general reasons outlined in paragraph 18 of this report;

7. Accreditation Co-ordinator

Council expressed its unanimous pleasure on the appointment of Dr. M.A. Rogers as Accreditation Coordinator (1972T54-55), offering him its support and co-operation in this important undertaking.

8. At its November 1972 meeting, the Executive Council approved the principle of the accreditation co-ordinator plus one additional surveyor to constitute a basic survey team to which would be added one specialist for each specialty program to be surveyed. The Council on Education's agreement was solicited. Although the Council on Education approved the implementation of the new procedures effective January 1, 1974, it strongly recommended to the Executive that an additional surveyor be added to the basic survey team for undergraduate programs.

The Board agrees with the recommendation in paragraph 8 that an additional surveyor be added to the basic survey team for undergraduate programs.

9. Council also requested that the responsibility of the accreditation co-ordinator encompass all accreditation programs residing within the jurisdiction of the Council on Education.
10. 1974 survey schedule
The following schedule for accreditation surveys in 1974 was accepted, assuming that the usual invitations from the schools concerned would be forthcoming:
- (1) University of Toronto: undergraduate dental
 - (2) University of Toronto: undergraduate dental hygiene
 - (3) University of Saskatchewan: undergraduate dental
 - (4) University of Manitoba: graduate program in oral surgery
 - (5) University of Alberta: postgraduate program in paedodontics
 - (6) University of Western Ontario: postgraduate program in orthodontics
 - (7) University of Western Ontario: postgraduate program in oral pathology
 - (8) estimate of four dental assisting programs, location not yet known
 - (9) George Brown College of Applied Arts and Technology, Toronto: program in dental technology*
 - (10) Vancouver Vocational Institute: program in dental technology*
 - (11) Northern Alberta Institute of Technology, Edmonton: program in dental technology*
 - (12) Canadian Armed Forces Dental School: program in dental technology*
- (*) assuming Board authority for accrediting dental technology programs is received (see para.16 of this report)
11. Accreditation classifications
Council agreed that, in future, survey team chairmen would be asked to exclude written recommendations for accreditation status from their team reports, on the understanding that their opinions would be sought during their appearance before the Committee.
12. It was agreed that the status of accreditation eligible would be valid for a term of not more than two years following the announcement.
13. Council also approved the publication of accreditation classifications awarded to surveyed programs, with the caveat that if less than full approval is given the reasons for the award would not be revealed except in the comprehensive reports to the administrators of the programs under examination.
14. Appeal of denied accreditation:
Council approved a provision whereby if a recommendation to deny

accreditation is to be considered by the Council, the Committee on Survey Policy will notify the institution of the proposed action and the reasons together with the date on which official action will be taken. This notification will advise the institution of its right to make further representations to the Council, including an invitation to appear before the meeting at which the accreditation action will be discussed.

15. Institution's right to review:

In addition to the factual corrections previously allowed, Council has directed that the administrator of a surveyed program be given an opportunity to read and comment to the Committee on Survey Policy on any or all aspects of the draft accreditation report prior to its consideration.

16. Accreditation of dental laboratory technology programs:

The following resolution is presented for Board approval:

RESOLVED

that the Board of Governors requests the Council on Constitution and By-laws to amend Article XIV, Section 4(e)(iv) to include authority to accredit dental laboratory technology programs.

It is moved that this resolution be postponed definitely until a reaction to an accreditation program of dental technology courses has been obtained from the provincial dental laboratories and/or technicians' groups in each province by the Council on Education.

Adopted

17. In anticipation of Board approval of the resolution contained in para.16, the Council requested Dr. Paul Sills to develop a statement of minimum requirements for the approval of dental laboratory technology programs. Dr. Sills' statement, with Council amendments and approval, is attached as Appendix 1. The following resolution is presented for Board approval:

RESOLVED

that the Board of Governors approves the statement entitled "Survey Policy and Accreditation of a Program in Dental Laboratory Technology" as printed in Appendix 1 of the Council on Education's report to the 1973 Board meeting.

It is moved that this resolution be postponed definitely until the matter referred to in the preceding paragraph is resolved.

Adopted

18. Dental assisting programs in secondary schools:

Following consideration of the first dental assisting program survey reports, a lengthy discussion was held on the appropriateness of CDA evaluation of dental assisting programs in secondary schools. The

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Committee was of the opinion that fair comparisons could not be made between these programs and those mounted in community colleges. Council agreed with this judgement and presents the following resolution for Board approval:

WHEREAS the Board of Governors is of the opinion that fair comparisons cannot be made between dental assisting programs mounted in secondary schools and those in community colleges, and

whereas the expressed areas of concern respecting the secondary school programs include (1) relative immaturity of students (2) inflexibility of the administrative system (3) inadequacy of staff-student ratio (4) lack of stated objectives (5) superficial coverage of the basic sciences and (6) inadequacy of admission policies,

BE IT RESOLVED

that the Canadian Dental Association not offer to evaluate and accredit dental assisting programs mounted in secondary schools, and

that the CDA statement entitled "Survey Policy and Accreditation of a Program in Dental Assisting" (1970T61) be appropriately amended.

Adopted

Resolved

that the Council on Education explore the possibility of offering assistance to improve the quality of these programs offered in secondary schools to the extent that they may become eligible for accreditation.

Defeated

ROYAL COLLEGE RESOLUTION ON ACCREDITED PROGRAMS

19. Council was pleased to have been informed that, effective January 30, 1973, the Council of the Royal College of Dentists of Canada resolved that applicants from specialty programs which have an accreditation mechanism available must have successfully completed an accredited program to be accepted for fellowship examination.

"MINIMUM REQUIREMENTS FOR APPROVAL OF POSTGRADUATE PROGRAMS LEADING TO QUALIFICATION IN AN AREA OF SPECIALIZATION RECOGNIZED BY THE CDA"

20. While Council has the ultimate jurisdiction in respect of the accreditation of programs, the policies within which the accreditation mechanism operates are within the purview of the Board of Governors

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to establish. The statement entitled "Minimum Requirements for Approval of Postgraduate Programs Leading to Qualification in an Area of Specialization Recognized by the CDA" was approved by the Board in 1969 (1969T 37). The following resolution is presented for Board approval:

RESOLVED

that the Board of Governors approves addition of the following statement to the "Minimum Requirements for the Approval of Postgraduate Programs Leading to Qualification in an Area of Specialization Recognized by the CDA":

"Where the provision of a substantive research component sufficient for the generating and defending of a thesis is also an objective of the graduate and postgraduate specialty program, additional time should be required."

Adopted

COMMITTEE ON SPECIALTIES

21. In the belief that the matters with respect to the recognition of specialties require the full Council's attention, the Committee on Specialties was disbanded and their responsibilities were assumed by the Council on Education itself.
22. New definition for prosthodontics:
In 1972 (1972T65) the Board of Governors directed the Executive Council to assume responsibility for the redefining of prosthodontics with a view to resolving the overlapping areas of concern between prosthodontics and restorative dentistry. At a meeting convened by the President on September 28, representatives of the Canadian Academy of Restorative Dentistry, the Canadian Academy of Prosthodontics, the Council on Education and two appointees of the President were present. A new definition was approved for transmittal to the Executive Council, the Council on Education and the Board of Governors. (see Exec.C. report, para.
23. In a letter dated January 29, 1973 signed by Dr. W.B. Love, President of Canadian Academy of Prosthodontics, and Dr. W.V. Grenkow, President of Canadian Academy of Restorative Dentistry, it was suggested that minor amendments be made in the definition. Council on Education agreed; the alterations are underlined. The following resolution is presented for Board approval:

RESOLVED

that the following amended definition of prosthodontics be approved:

"Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appear-

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ance and health of the patient by the restoration of the natural teeth and the replacement of missing teeth and contiguous tissues with artificial substitutes.

"A prosthodontist is a dentist who is specially trained in prosthodontics by advanced education, training and clinical experience.

"There are three main areas in prosthodontics, namely: removable prosthodontics, restorative dentistry (operative dentistry and fixed prosthodontics) and maxillofacial prosthodontics.

"Therefore, prosthodontics is concerned with:

- 1) providing suitable substitutes for the coronal portion of teeth;
- 2) the replacement of missing teeth and oral structures;
- 3) correlating the masticatory surfaces to achieve normal function;
- 4) the prosthodontic treatment of patients who have incurred oral facial deformities.

"These services may include other adjunctive treatments necessary for the proper completion and maintenance of such restorations."

Moved that this resolution be amended as follows:

that the words "maxillofacial prosthodontics" in the third paragraph be changed to read "maxillofacial prosthetics".

Adopted.

Moved that the following amended resolution be adopted:

Resolved

that the following amended definition of prosthodontics be approved:

"Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health of the patient by the restoration of the natural teeth and the replacement of missing teeth and contiguous tissues with artificial substitutes.

"A prosthodontist is a dentist who is specially trained in prosthodontics by advanced education, training and clinical experience.

"There are three main areas in prosthodontics, namely: removable prosthodontics, restorative dentistry (operative dentistry and fixed prosthodontics) and maxillofacial prosthetics.

"Therefore, prosthodontics is concerned with:

- 1) providing suitable substitutes for the coronal portion of teeth;*
- 2) the replacement of missing teeth and oral structures;*
- 3) correlating the masticatory surfaces to achieve normal function;*
- 4) the prosthodontic treatment of patients who have incurred oral facial deformities.*

"These services may include other adjunctive treatments necessary for the proper completion and maintenance of such restorations."

Adopted

Applications for specialty recognition:

24. Dental public health: The following resolutions are presented for Board approval:

1) RESOLVED

that the area of dental public health be defined as:

"the science and art of preventing and controlling dental disease and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with research and the application of the findings of research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis."

Adopted

25. 2) WHEREAS in the opinion of the Council on Education the application on behalf of dental public health for recognition as a specialty meets the six criteria recited in "Requirements for Approval of a Special Area of Dental Practice",

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BE IT RESOLVED

that the Board of Governors approves the recognition of dental public health as a specialty.

Adopted

26. Oral radiology: The following resolutions are presented for Board approval:

1) RESOLVED

that the area of oral radiology be defined as:

"that branch of dentistry which pertains to the making and interpretation of radiographs in the craniofacial complex."

27.

2) WHEREAS in the opinion of the Council on Education the application on behalf of oral radiology for recognition as a specialty meets the six criteria recited in "Requirements for the Approval of a Special Area of Dental Practice",

BE IT RESOLVED

that the Board of Governors approves the recognition of oral radiology as a specialty.

Adopted

CONTINUING EDUCATION

28. Council heard a final report from the Chairman of the CDA Conference on Continuing Education held in Toronto in September 1972. The Conference was considered to be an unqualified success; copies of the report were distributed to a wide mailing list. The Council is most grateful to the Conference chairman and all participants, recognizing that certain fundamental and progressive ideas were developed.
29. One of the results of the Conference was the recognition of the need for continuing education and the desire to have national standards established through the CDA, its corporate members and the provincial licensing bodies. Since the Conference, the Association of Canadian Faculties of Dentistry has expressed its agreement with the general findings of the seminar and has offered its assistance in determining the future direction organized dentistry should pursue.
30. Council struck a small task force under the leadership of the Conference Chairman, Dr. G.S. Beagrie, to initiate an investigative program with the licensing bodies, the corporate members, the NDEB, the dental schools and other related organizations to establish national guidelines for continuing education in dentistry. The investigation will include academic and funding aspects of such a program and the task force will report to the next meeting of the Council.

31. The following resolution is presented for Board approval:

RESOLVED

that provincial licensing bodies be urged to include participation in the CDA cassette program as an acceptable continuing education credit towards relicensure.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Resolved

that those provincial licensing bodies which require continuing education credit towards relicensure be urged to include participation in the CDA cassette program as an acceptable credit.

Adopted

DENTAL APTITUDE TEST COMMITTEE

32. The number of dental school applicants tested in the CDA DAT Program in 1972 was 1,521 as compared with 1,242 the previous year. (Note: 1,912 were tested in 1973.) Four schools reported 100% tested admissions; 83.9% of the admitted applicants in 1972-73 had been tested.
33. At the year ended June 30, 1972, total program's excess revenue over expenditure appeared as \$17,061, as compared with \$11,291 last year.
34. Council noted that the now obsolete Survey of Natural Sciences test would be replaced by the Test of Biomedical Sciences (biology, inorganic or organic chemistry), commencing in the 1974 test year.
35. Further validation studies were conducted for the Committee by Dr. R.M. Grainger. Based on the conclusions of these studies, Council approved the continuance of the dental aptitude test program for a further unspecified period on the understanding that significant changes would be made in the content and application of the results of the test. As a means of underlining the CDA's interest in this field, a contribution of \$1,000 from DAT funds was authorized for utilization in Canadian/American research and validation studies into tests to measure personality and motivation.
36. In an attempt to assist in the resolution of problems related to admissions to dental schools, the following resolution is presented for Board approval:

RESOLVED

that the Board of Governors approves the convening of a national workshop on dental

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school admissions policies and practices, to which two representatives from each dental school would be invited (one of whom would be the chairman of the admissions committee), together with suitable resource persons, and

that the workshop be held early in 1974, and

that costs of the workshop be assumed by the Dental Aptitude Test Program and that the organizing committee be appointed by the Dental Aptitude Test Committee.

Adopted

37. Members of the Dental Aptitude Test Committee are: R.E. Echlin, chairman; W.R. Teteruck; F.D. Dempster; R.M. Grainger, consultant.

STUDENT MEMBERSHIP COMMITTEE

38. Council was particularly interested to note that at January 15, 1973, a total of 867 (47.8% of dental school enrolment) students had voluntarily joined the CDA student member program.
39. The report of the Fourth Canadian Dental Students' Conference held at the Faculty of Dentistry, University of British Columbia, in October 1972 indicated that this annual meeting had again been of benefit to the student representatives present and, through them, to the student membership at large. Council is indebted to the Canadian Fund for Dental Education for underwriting the costs of the Conference through a special grant, and to the College of Dental Surgeons of British Columbia, the UBC Faculty of Dentistry, Dean S.W. Leung and to the Conference guest speakers for the generous hospitality, sincerity and encouragement extended to the participants.
40. At the request of the Student Membership Committee, the Council approved a resolution recognizing the concern of the Canadian Dental Students' Conference and others relative to prelicensure practice orientation and clinical experience, and requested that faculty administrations and licensing bodies take the matter under advisement.
41. Council noted that the Conference had passed a resolution requesting confirmation of student representation on the National Dental Examining Board as a permanent position. In the belief that the presence of a student representative at the Council on Education meetings of the Canadian Dental Association could result in a mutually advantageous improvement in communications, the following resolution is presented for Board approval:

RESOLVED

that the Board of Governors requests the Council on Constitution and By-laws to amend Article XIV, Section 4(e), second

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paragraph, to provide for a non-voting representative on the Council on Education to be elected annually by the Canadian Dental Students Conference, without CDA financial responsibility.

On motion from the floor:

Moved that the word "voting" be substituted for the word "non-voting" and that the words "without CDA financial responsibility" be deleted from the above resolution.

Defeated

Moved that the resolution be adopted as originally presented.

Adopted

42. The Student Table Clinic Program at the CDA National Convention continued into its second year, with delegates from eight schools presenting clinics in Montreal.
43. The delegates to the Canadian Dental Students Conference elected Mr. Bob Brandon, a third year dental student at the University of Western Ontario, to represent them at the National Dental Examining Board meetings in June and as the student representative to the CDA Board of Governors.
44. Members of the Student Membership Committee are: D.J. Kenny, Toronto, chairman; P.E. Currie, London; W.J. Dunn, London; G.E. Pakozdi, Toronto, chairman of CDSC.5 to be held in Montreal in October 1973.

NATIONAL RECRUITMENT COMMITTEE

45. Noting that in recent years the responsibilities of the National Recruitment Committee (i.e. to provide stimulus and guidance to provincial and local committees, to assist in the provision of resource material, to promote recruitment at the national level, and to analyze and evaluate the program) had been assumed by headquarters staff, the National Recruitment Committee was dissolved. The CDA Office of Student Affairs was asked to continue the implementation of these responsibilities utilizing the advice and assistance of the Council Chairman where required and reporting annually to the Council.

WAR MEMORIAL AWARDS COMMITTEE

46. Title of the final essay competition was "The Role of Auxiliary Personnel in Dental Treatment" and the winners were: Dr. Philip Goldberg, McGill University (first prize) and Dr. Peter H. Collins, McGill University (second prize).
47. With appreciation to Dr. M.P. Tenenbaum for his efficient guidance of the War Memorial Awards Committee for the past several years,

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the Committee was disbanded and the funds transferred to the Canadian Fund for Dental Education, as approved by the Board of Governors in 1972 (1972T59).

NATIONAL DENTAL EXAMINING BOARD OF CANADA

48. Council's two representatives on the NDEB, Dr. M.J. Crompton of Moncton and Dr. J.E. Speck of Toronto, presented a summary of the Board's activities over the past year. Included were comments of special interest to the Council pertaining to a certification program for dental auxiliaries and specialties accredited by the CDA which is currently being investigated through the national auxiliary organizations and the Royal College of Dentists of Canada; the foreign dentists' examinations; reduction of the certificate fee from \$200 to \$175; and the reception accorded the student representative from the Canadian Dental Students' Conference - a first in the history of the Board.
49. Council was most appreciative of the NDEB's contributions towards the costs of the accreditation program, namely \$4,000 in 1971 and \$6,000 in January 1973.
50. Because of other pressing commitments, Dr. Speck's resignation as a Council representative was accepted; Dr. E.R. Ambrose of Montreal was subsequently appointed.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

51. Dr. J.W. Neilson represented the Council at the annual meeting of the ACFD and Council read his report with interest.
52. As reported to the Board in 1972 (1972T59), the ACFD and the Council agreed to disband the ad hoc liaison committee in the belief that co-operative efforts could be continued through the ACFD representation on the Council.

COUNCIL STUDIES: "DENTAL EDUCATION REGISTER" and "APPLICANTS AND APPLICATIONS TO CANADIAN DENTAL SCHOOLS"

53. Council concurred in the transfer of responsibility for publication of these two studies to the ACFD. Some concern was expressed that in the event that ACFD might not be able to assume responsibility immediately, efforts should be made to ensure that the collection of the required data was made.

NATIONAL COLLEGE OF DENTISTRY

54. Board members will recall Council's presentation in 1972 (1972T65) respecting the problem of a facility for re-training immigrant dentists who have been unsuccessful in the NDEB examination. A task force comprised of the Council Chairman and the CDA Executive Director addressed a letter of appeal to the Minister of National Health and Welfare requesting an opportunity to discuss the problem with federal authorities. The present government position was stated to be, in summary: the problem is recognized and, if possible, the government would like to assist in its

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alleviation; capital funds, if required, would have to be requested and matched by a province as education for professional people is within provincial jurisdiction; more extensive manpower projections, utilization rates and cost estimates are required; government approval of a pilot project to determine on average the amount and type of additional training immigrant dentists require might be forthcoming, but assistance other than for the pilot project is unlikely until the role of the federal government in dental health has been reorganized and long-term projections of dental service needs, utilization and dental manpower availability have been made.

55. Council directed that the NDEB be requested to furnish the CDA with data which they have assembled from the foreign dentist examination experience, relative to population of foreign dentists in Canada requiring retraining and, in particular, identifying the areas of weakness. A report on this subject will be made to the next meeting of the Council.

TEACHING CONFERENCE

56. The subject of the 1973 Teaching Conference, held in the CDA Board Room, was "Oral Diagnosis/Oral Medicine". Council heard a report presented by Dr. C.H.M. Williams, Conference keynote speaker, on behalf of the Conference Chairman, Dr. D.S. Moore. The report was circulated to members of the Board, corporate members and dental schools, and is available by writing to the CDA headquarters.
57. Council is grateful to the Procter & Gamble Co. of Canada for underwriting the costs of the Conference, through a special grant to the CFDE.
58. Application will be made to the CFDE for funding of a Conference in 1974 on the topic of "Control of Pain and Anxiety".

8th BIENNIAL CONFERENCE ON CANADIAN DENTAL RESEARCH AND EDUCATION

59. Subsequent to the Council meeting, Dr. W.H. Feasby of the University of Western Ontario, was appointed as Council's representative to the organizing committee for the 8th Conference, to be held in Nova Scotia in 1974.

NATIONAL CANCER INSTITUTE

60. Council's representative to the National Cancer Institute, Dr. D.L. Anderson of Hamilton, presented a most interesting and informative report. Dr. Anderson's tenure in this assignment has been renewed for a further four years.

ASSOCIATION OF CANADIAN MEDICAL COLLEGES

61. Dr. E.R. Ambrose, Dean of the Faculty of Dentistry, McGill University, represented the CDA at the annual meeting of the ACMC in Montreal in 1972. Council expressed its appreciation to Dr. Ambrose for his excellent report.

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CANADIAN FUND FOR DENTAL EDUCATION

62. Mr. M.E. Bower, Chairman of the Board of Trustees of CFDE, summarized the achievements of the past year. Council expressed its great appreciation of the Fund's continuing support of several Council projects, including the initial postgraduate surveys, the Canadian Dental Students' Conference, the student clinic program and the Teaching Conference.

FUNDING OF ACCREDITATION SURVEYS

63. At its November 1972 meeting, the Executive Council resolved to approach the NDEB, provincial dental licensing bodies, the ACFD and the Royal College of Dentists of Canada to co-operatively provide funding on an equitable basis for the accreditation program. Replies (excepting from the NDEB who have already made commitments to assist with underwriting survey costs) varied from agreeing in principle to suggestions for levy of a \$2 per year per dentist grant. The RCD(C) submitted a token contribution of \$250; no reply was received from the ACFD. Five licensing bodies replied.
64. Faced with this information, the Executive Council asked the Council on Education to comment on the Executive-approved principle of the costs of the accreditation program being shared by the Association and the agencies being surveyed. Council resolved to inform the Executive Council that it does not approve of this suggestion because of the potential conflict of interests.
65. Concern was expressed at the reported inability of the Association to fund this important aspect of its responsibilities, fearing the almost inevitable controlling influences which would be exerted by agencies which assumed the major proportion of costs - be they other dental organizations or government agencies.
66. Costs of 1974 surveys, exclusive of the CFDE grant to cover new postgraduate visits, is estimated to be \$17,600.

CANADIAN DENTAL HYGIENISTS ASSOCIATION

67. The representative of the CDHA, Mrs. Joan Voris, expressed her Association's appreciation of the constitutional provision for non-voting representation on the Council. Her report was received for information.

GUIDELINES FOR POSTGRADUATE PROGRAMS

68. Through the RCD(C) representative on the Committee on Survey Policy, Dr. H.T. Oliver, Council is attempting to develop guidelines for post-graduate specialty programs. It is hoped that these documents will be completed for submission to the 1974 meeting of the CDA Board of Governors.

APPRECIATION TO DR. PAYNTER

69. Council unanimously passed the following resolution:

"That the Council on Education wishes to record its deep and sincere appreciation to Dr. K.J. Paynter for his creative, resourceful and effective leadership as Chairman of the Council on Education. Dr. Paynter has given unstintingly of his time to the interests and concerns of the Council and it is with regret that Council observes that his period of service on Council terminates with this meeting. Council also records its regret that Dr. Paynter will soon be retiring from direct and active involvement in dental education. Council extends its warmest good wishes to Dr. Paynter as he prepares to undertake vitally important responsibilities within the Medical Research Council."

The Council on Education is commended for its extensive work throughout the year.

(Ed. Note: approval of this document was postponed definitely until further consultations had been arranged by the Council on Education; see para. 17 of report)

Appendix 1

SURVEY POLICY AND ACCREDITATION OF A PROGRAM IN
DENTAL LABORATORY TECHNOLOGY

Introduction

1. To provide the dental health services required by the public today, the dental profession must have well trained personnel who can function harmoniously as a dental health team. One of the most productive and effective members of the team is the Dental Laboratory Technician. Until recently very few formal training programs existed for technicians, and training for the greater part has been accomplished by the apprentice system method. In most cases, well trained and experienced dental laboratory technicians have been produced by this system; but not in sufficient quantity to meet the demands of the profession. It must be apparent that the apprentice system does not offer uniformity of a formal training program and in some instances the program may be tailored to suit the immediate needs of the dental laboratory where the apprentice is employed, and not the overall dental laboratory requirements of the profession. Therefore, the Council on Education of the Canadian Dental Association is concerned with formal training programs which will graduate dental laboratory technicians who will be able to adjust rapidly to any type of dental practice, either general or specialized.
2. This Survey Policy and Accreditation of a Program in Dental Laboratory Technology is intended to provide relevant information in a summarized form for use in planning a program which will meet accreditation standards.
3. For approval or accreditation of the program by the Canadian Dental Association, it is essential that the program meet or exceed the standards described in this brochure. In establishing these requirements, however, the C.D.A. has no wish to coerce any teaching staff to rigidly follow the principles set forth; but rather to indicate an acceptable standard or base line upon which programs may be built or expanded.
4. It should be clearly understood that the policies set forth apply to only those non intra oral functions of prosthetic procedures: that is technical and laboratory responsibilities. If dental laboratory technicians are to be legally permitted to perform any clinical duties such as those performed by denture therapists (Ontario) or dental mechanics (Alberta, Manitoba, B.C.); additional guidelines for educational programs, accreditation and licensure must be added.
5. The Council on Education believes that its role in the development of new dental laboratory technician programs should be principally in a consultant and advisory capacity and is prepared at any time to aid in the initiation of new training programs for dental laboratory technicians. Council suggests therefore, that when new schools of dental laboratory technology are established in community colleges or technology institutes, Council should be consulted and invited by the parent institution to review the proposed program before it begins to indicate that a course is ACCREDITATION ELIGIBLE. Further, an accreditation team should be requested to assess the course before the first class graduates may claim to be from an accredited school and thereafter at intervals to be determined by the Council.

6. Council will not recognize or accredit training programs for dental laboratory technicians which are proprietary in nature or lead to profit for an individual or group of individuals.

Education Institutions

7. Council will consider accreditation for a program in dental laboratory technology conducted in post high school institutions: community colleges, technology institutes or federal agency training schools conducting formalized training programs for dental auxiliaries.
8. The parent institution should continually liaise with representatives of the local dental association, provincial corporate body and/or licensing authority and dental educators regarding course content, duration, training standards and methods. This association would insure that the training objectives of the program would satisfy and contribute to the needs of the profession.

Admissions

9. Admission requirements for entrance into dental laboratory technician programs will, of necessity, vary from province to province and perhaps from institution to institution within the same province. Admission requirements must be dependent upon the parent institution and be equal to the requirements for comparable courses within the institution.
10. Due to the scientific and technical nature of the course, it is strongly recommended that applicants have a background in chemistry, physics, and mathematics.
11. Aptitude tests and digital dexterity skill tests should be utilized to identify those students who have the potential to complete the program.
12. Schools are encouraged to consider admission of students with previous experience in dental assisting employment (trade).

Curriculum

13. The Council on Education recommends that the dental laboratory technology curriculum be planned to extend over a period of two to three years on site and formalized on-job-training.
14. Maximum or minimum number of period/hours of training for each subject are not specified in order that a carefully planned balance between general studies, technical studies and practical projects, and experience should be determined by each institution in developing a complete program.
15. Instruction should be provided in the following categories, using lectures, demonstrations, technical practice and practical experience as requested:

Gross Anatomy
Dental Anatomy
cont'd

Appendix 1.

Orientation - dental health team concept
 Ethics and Jurisprudence
 Terminology and Nomenclature
 Dental Materials and Metallurgy
 Inlay, Crown, and Casting Procedures
 Complete Dentures
 Removable Partial Dentures
 Rebases, Relines, and Repairs
 Fixed Partial Dentures
 Ceramics
 Orthodontic and Pedodontic Technical Procedures
 Maxillo-facial Technical Procedures
 Clinic/Laboratory Relations
 Dental Equipment Maintenance
 Business Administration

To develop the competence in organized work habits and a variety of laboratory procedures, the student should be exposed to supervised ON-JOB-TRAINING. If possible there should be a working affiliation with a dental faculty or other dental laboratory where the student constructs assigned prosthetic cases for dental undergraduates or dentists.

Faculty

The Faculty of a dental laboratory technician program should be adequate in size to conduct training for the number of students enrolled. An instructor/student ratio of one to ten students is considered minimal for laboratory technique instruction. Students must be afforded individual instruction during laboratory periods to permit them to develop competence in basic laboratory procedures.

Council recommends that a full time administrative staff be established for each program. The Chief Administrator or Director of the program may be a dentist or dental laboratory technician but must possess the educational qualifications and administrative ability to implement supervise and conduct a program in dental laboratory technology. He should have the responsibility and authority accorded other administrators conducting comparable programs at the parent institution. The administrative policy should clearly delineate the functions and responsibilities of each respective faculty member.

An advisory committee should be appointed to assist the parent institution in the development and improvement of the program. The committee should include representatives from the parent institution, the local dental association, dental technicians who have been certified by the provincial Dental Laboratory Technicians' Association, the Director of the Course (and a representative from the Faculty of Dentistry of the respective province). These members should be appointed for a two year term with the option for reappointment. The committee would advise in matters of curriculum, staff etc. to insure the continuing success of the program and acceptability of its graduates by the dental profession.

The Faculty should be well qualified in their specific areas of responsibility and be acceptable to both the parent institution and advisory committee in their educational and technical knowledge. The Faculty, in addition to their instructional responsibilities should participate in student selection, curriculum

Appendix 1

development and implementation and co-ordination of academic courses and laboratory instruction. There should be an adequate number of full time appointments including dental laboratory technicians who are provided with the time and resources to further their individual academic interests, develop and improve training methods and undertake research projects.

20. The Faculty should include a dentist(s) who would be responsible for Orientation, Basic Sciences, and to assist in correlating the biological and technical aspects of the program. The appointment may be part time but should be commensurate with the extent of his teaching responsibilities.

Number of Students

21. The course loading would be governed by the training facilities available, the instructor/student ratio and the requirement for graduates.

Teaching Facilities

22. The teaching facilities and equipment should be adequate to accomplish the training objectives of the program and to accommodate the number of students enrolled. Facilities should include sufficient laboratory training areas to permit effective teaching of complete, removable and fixed partial denture techniques, pedodontics and orthodontic technical procedures, maxillofacial technical procedures, ceramic techniques and chrome cobalt casting procedures.
23. Lecture space should be readily available for the program. If lecture rooms are utilized by other programs, the dental laboratory technology program should be flexible enough to accommodate schedule demands imposed by other programs.
24. The school should also provide faculty offices, staff laboratory (and research area) and student locker room accommodation.

Library and Visual Aids

25. The library may be maintained separately or in connection with the library of the parent institution. The students should have ready access to library facilities either during scheduled library/study periods or during free time. The library should contain current reference books, periodicals, and publications pertaining to dental laboratory technology and to the related allied dental health sciences.
26. Slide projectors, overhead projectors, physical training aids, slide series, film strips and audiovisual aids should be available to both the staff and students.

Funding and Financial Support

27. The parent institution should be prepared to provide funds necessary to assume the full operating costs which would include consumable supplies, maintenance and renovation of equipment, procurement of new equipment, compilation of training documents and manuals, faculty and support staff salaries. Reasonable assurance should be given that these funds will be made available to maintain a continuing program.

Appendix 1

Graduation Document

28. A graduation document should be granted by the parent institution and be similar in nomenclature to similar courses within the institution.

Conclusion

29. The Council on Education has attempted to provide the basic requirements upon which a successful program of dental laboratory technology can be developed. The specifications have been discussed in general terms and it is upon these various points the dental laboratory technology program of the parent institution will be assessed.

EXECUTIVE: Samuel Rosen, Hamilton, President; Isadore Wolch, Winnipeg, Immediate Past President; Pierre Dow, Vancouver, Secretary-Treasurer

R E P O R T

1. Annual Convention

This has occupied a great deal of time and the plans are now complete for our annual meeting to be held in Vancouver in October 1973. Our convention chairman is Dr. Pierre Dow of Vancouver.

2. Eastern Canada Lecture Tour

The annual lecture tour was arranged this year by Dr. Bruce Burns of Islington, Ontario, with clinics being presented in Toronto, Ottawa and Montreal. The clinician was Dr. Pierre Dow of Vancouver, and he was well received.

3. Specialty Groups asked by RCDC to hold joint meetings under their auspices

This matter was discussed at length at one of our Executive Council meetings and the idea was turned down, the Academy preferring to stay with the CDA.

4. The reason for this decision was reached because the Canadian Academy of Endodontics is a section of the CDA and the CDA was the first to recognize endodontics as a specialty in Canada.

5. The Academy can profit greatly by remaining with the CDA because of their stronger voice in dental affairs, particularly when dealing with federal and provincial governments.

The Board is pleased to note that the Canadian Academy of Endodontics has agreed to continue holding its annual meetings in conjunction with the CDA annual meetings.

The Board regrets that some specialty groups have decided to meet separately from the CDA annual meeting in 1974 and therefore recommends that the Executive Council and the Royal College of Dentists of Canada work together to develop a mutually-acceptable policy with regard to future conjoint meetings.

6. Recognition of endodontics as a specialty by the RCDS of Ontario

The Royal College of Dental Surgeons of Ontario were the last holdout in Canada against recognition of endodontics as a specialty. Following the presentation of several briefs to the Board of Directors, our representatives met with the Committee on Registration and Licensure and in May 1973 recognition was finally granted.

7. Membership

We have approximately 100 active and associate members in the Academy at present, with the numbers increasing gradually.

8. Plans for the future

- a) Our future plans are to expand the scope of endodontics across Canada.
- b) We shall be contacting the deans of all Canadian dental schools to inform them that the CAE will act in an advisory capacity if they are interested in setting up training programs in endodontics.
- c) Our members are keenly interested in the matter of auxiliary personnel, and a representative has already been appointed to participate in a workshop when the CDA is ready to proceed.

MEMBERS: R.M. LeBlanc, Chairman, Montreal; R.A. Epstein, Halifax;
K.F. Pownall, Toronto; W.K. Martin, Regina; G.E.
Decker, Edmonton.

R E P O R T

1. Activities of the Council on Ethics have not been great this year.
2. The second edition of the "Code of Ethics" and its explanatory commentaries were distributed to the entire profession in 1972.
3. Since this distribution we have not received any comment or suggestion, and no cases have been submitted to the Council with the exception of minor requests which have no national relevance.
4. This absence of criticism could lead the Council to believe that the "Code of Ethics" is complete and requires no alterations. Such is not our opinion and we continue to collect material and submit our work to serious self-criticism.
5. Our provinces are being confronted with numerous Bills which are going to perturb seriously the traditional practice of dentistry. The growing tendency towards group practice, the extension of auxiliary services, the application of health insurance plans, et cetera, are beginning to produce new reactions in professional conduct which must be evaluated from the ethics viewpoint and which certainly must be codified. Moreover, some sections of our "Code" are becoming outdated in their present wording. Others are under review. As an example, in the section concerning Auxiliary Services, the following section should be inserted:

"When a dentist may legally delegate to an auxiliary any service or operation, he shall assume complete responsibility for such clinical service or operation. The dentist shall not delegate any service or operation to an individual which is not within their competence nor permitted by the laws."

"Lorsqu'un dentiste peut légalement confier à un auxiliaire le soin d'effectuer un acte de chirurgie dentaire, il assume l'entière responsabilité des interventions cliniques pratiquées par les auxiliaires se trouvant sous ses ordres. Le dentiste ne doit pas déléguer l'exécution d'un service ou d'un acte opératoire à une personne dont la compétence n'est pas reconnue légalement."

6. The changes foreseen by the Council on Ethics are, however, not sufficiently important to justify the reprinting at this time of a new edition of the "Code", considering the expense involved.
7. The Council on Ethics will have to meet during the coming year and a budget of about \$1,000 will be necessary for that purpose.
8. My term of office as chairman of the Council on Ethics terminates this year. On this occasion, I wish to thank all the members of the Council with whom I have worked for some years for their invaluable cooperation. I wish also to thank the Governors and staff of the Canadian Dental Association for their constant encouragement.

The report is informative. Dr. K.F. Pownall is commended for his work in presenting the report.

EXECUTIVE

MEMBERS: D.K. Peters, chairman, St. John's; L. Bernier, Quebec City; I. Hrabowsky, St. Catharines; J.F. Reid, Vancouver; J.E. Abra, Winnipeg; H.L. Mussells, Westmount; F.T. Wihak, Regina.

R E P O R T

1. During the 1972-73 term, Council met in June, September and November, 1972, and in April and September, 1973.

APPOINTMENT OF COUNCIL CHAIRMEN

2. Council reappointed the following CDA Council chairmen for a further one-year term:

Dr. E.F. Allison	- Auxiliary Services
Dr. K.J. Paynter	- Education
Dr. R.M. LeBlanc	- Ethics
Dr. K.C. Bentley	- Hospital Services
Dr. D.C. Way	- Insurance and Investment
Dr. C.H. McCormick	- Public Health & Preventive Dentistry

3. New appointments to Council chairmen for terms of one-year were:

Dr. W.J. Spence	- Communications
Dr. H.R. MacLean	- Constitution and By-laws
Dr. R.G. Dickson	- Dental Services
Dr. H.C. Bugden	- Legislation
Dr. N.R. Thomas	- Research

PROSTHODONTICS AND RESTORATIVE DENTISTRY - DEFINITION

4. In response to the Board's resolution concerning the redefining of the Specialty areas of prosthodontics and restorative dentistry (1972T65), Council directed the President to convene a meeting of representatives of the Canadian Academy of Restorative Dentistry, the Canadian Academy of Prosthodontics, the Council on Education and two of his own appointees, to study the matter.
5. Such a meeting was held in September, 1973. The representatives were:

Dr. G.A. Brass and	- Canadian Academy of Restorative
Dr. R.A. Clappison	Dentistry
Dr. G. Zarb and	- Canadian Academy of Prosthodontics
Dr. D. Kepron	
Dr. K.J. Paynter and	- Council on Education
Dr. J.E. Speck	
Dr. Louis Bernier and	- President's appointees
Dr. A.W.S. Wood	

6. The President's special committee finally agreed to a definition for Prosthodontics, broad enough in scope to include the special interests of restorative dentistry as well as prosthodontics. The definition is recited below:

"Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health of the patient by the replacement of missing teeth and contiguous tissues with artificial substitutes.

"A prosthodontist is a dentist who is specially qualified in prosthodontics by advanced education, training and clinical experience.

"There are three main areas in prosthodontics, namely: Removable Prosthodontics; Restorative Dentistry (Operative Dentistry and Fixed Prosthodontics); and Maxillofacial Prosthodontics.

"Therefore, prosthodontics is concerned with:

- (1) providing suitable substitutes for the coronal portion of teeth;
- (2) the replacement of missing teeth and oral structures;
- (3) correlating and masticatory surfaces to achieve physiologic function;
- (4) the prosthodontic treatment of patients who have incurred oral facial deformities.

"These services may include other adjunctive treatments necessary for the proper completion and maintenance of such restorations".

7. Council also approved this definition and recommended its approval by the Council on Education and Board of Governors. The definition, with slight amendments, is being presented for Board approval by the Council on Education in paragraph 23 of their report.
8. During the discussions of the President's special committee, it was pointed out that should the new definition be approved by the Board of Governors, the present sections on Prosthodontics and Restorative Dentistry would cease to exist as neither would be representative of the new specialty.

TALLY OF VOTES - BOARD OF GOVERNORS AND EXECUTIVE COUNCIL

9. In view of discussion as to whether tally of election votes should be made public, Council took the stand that the chairman of the Council on Nominations should be authorized to divulge the election tally of any individual election to interested candidates participating in that election.

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10. A statement to this effect is included in the Manual of Procedure for Meetings of the Board of Governors. (See page 12, para 20 of green sheets).

ADA/CDA CONFERENCE

11. The 1972 triennial conference with the trustees of the American Dental Association and members of CDA's Executive Council was held in Toronto, September 11 and 12 as planned. (1972T78) The conference provided an excellent opportunity to compare dental issues in the two countries and for each group to learn from the experiences of the other over a wide range of timely topics.

Conference participants, including trustees, Council members, Council chairmen and staff numbered thirty-three from the ADA and twenty-four from CDA.

EDITOR - EDITORIAL SEARCH COMMITTEE

12. An editorial search committee comprising Drs. E. Bilkey, chairman, M. Klotz, L.J. Schiller and G. deMontigny was appointed by Council. Dr. Klotz found it necessary to resign from the committee and was not able to attend its meetings.
13. The assignment given to the search committee was to consider the appropriate role for an Association Journal and its editorial staff and to search for a replacement for Dr. Compton as Editor.
14. The committee noted in its preliminary study that the Association's by-laws regarding terms of reference for the Bureau of Public Information, the Communications Council and the Editor were occasionally in conflict. Recommendations were therefore made to Council to alter the terms of reference for the Communications Council and the Bureau, from their present wording as shown in Article XIV, Section 4(b) and Article XVI, Section 3, respectively. It was also recommended that specific terms of reference be included in the by-laws for a Director of Communications.
15. Council, after consulting with the Council on Communications and the Bureau staff, approved the specific proposals of the search committee and forwarded them to the Council on Constitution and By-laws for assessment and presentation to the Board of Governors. Action is to be taken on the proposed by-law amendments during consideration of the report of the Council on Constitution and By-laws. (See paras. 14-16 of Constitution and By-laws report)
16. The search committee's final report contained a well-considered, logical premise that at least as an interim measure it was advantageous to the Association and hopefully to a new editor, to start out on a part-time basis. This premise assumed that

Dr. Compton was able and willing to continue serving the Journal as scientific advisor also on a part-time arrangement and that Miss D. Charter who had been acting-editor since Dr. Compton's official retirement, would continue as the news editor, the position for which she was originally engaged.

17. As a result of notices which appeared in Canadian dental journals for three and four issues, the search committee received ten applications for the position of editor. Seven candidates were interviewed. The remaining applicants withdrew for various reasons.
18. The search committee's final recommendations were:
 - 1) That the editor of the Journal of the Canadian Dental Association be a dentist.
 - 2) That the dentist editor fulfill his editorial responsibilities at least for the present, on a part-time basis (2 days per week).
 - 3) That responsibility for establishing guidelines in respect of the broad area of communications be left to the Council on Communications (Information Services) and that the implementation of these guidelines other than those related to the Journal, be the responsibility of the Bureau of Public Information.
 - 4) That Dr. R.M. Grainger of Ottawa, be invited to accept the position of editor, part-time, beginning July, 1973.
19. Council enthusiastically approved the search committee's recommendation and Dr. Grainger subsequently accepted Council's invitation to the position of editor - part-time, effective July 1, 1973.

HEALTH LEAGUE OF CANADA

20. Dr. C.O. Munroe, Associate Professor, Department of Oral Medicine and Pathology at Faculty of Dentistry, University of Toronto, was appointed as an Association representative to General Council of the Health League of Canada for a term of three years.

AD HOC COMMITTEE ON BILINGUALISM

21. The final report of the committee (I. Hrabowsky, chairman, S. Silver, J. Casaubon), contained a number of specific recommendations which Council approved and which are listed in Appendix 1.

The following resolution is presented for Board approval:

Resolved

that the recommendations on bilingualism listed in Appendix 1 be approved.

EXECUTIVE

Moved

*that Item 2 of Appendix 1 be amended to read:
"that every effort be made to engage competent,
bilingual replacement and/or new staff to
facilitate translations and communications".*

Adopted

Resolved

*that the recommendations on bilingualism listed
in Appendix 1 be approved, as amended.*

Adopted

TAX DEDUCTIBILITY FOR CONTINUING EDUCATION EXPENSES

22. For the Board's information, the Association is continuing its efforts to secure a governmental ruling that will exempt legitimate continuing education expenses for dentists from taxable income. The question of whether the ruling is a matter for the "interpretation division" or a change in the Income Tax Act has not been answered. Both possibilities are being pursued.

CONVENTION - LOCAL ARRANGEMENTS CHAIRMAN

23. Council is pleased to inform the Board of the following local arrangements chairmen for the forthcoming CDA conventions:

1974 - Windsor, Ontario	- Dr. A. Lampe of Windsor
1975 - St. John's Newfoundland	- Dr. G. Anthony of St. John's
1976 - Edmonton, Alberta	- Dr. G.T. Lindskoog of Edmonton

CARIBBEAN DENTAL PROGRAM

24. This program, under the capable direction of Dr. George Burgman of Niagara Falls, Ontario, continues to attract more and more attention and participation from Canadian dentists. Approximately thirty dentists have now given one or more months' service on either St. Lucia or Montserrat Caribbean islands. Many more are scheduled in the following months.
25. The Canadian International Development Agency (CIDA), which sponsors the program has arranged a second one-year contract with CDA regarding the associated expenses.

BUREAU OF DENTAL STATISTICS

26. Council appointed Dr. R.M. Grainger as Director of the Bureau of Dental Statistics as of July 1, 1973. Initially Dr. Grainger will devote one day per week to this assignment in addition to his editorial responsibilities.

27. During the past term the Bureau, although short-staffed, in addition to responding to the ever-increasing number of varied enquiries from many sources, completed the analyses of the 1968 Survey of Dental Practice, the Survey of Recent Graduates, a study of the number of foreign dentists enquiring about registration in Canada or retraining at Canadian dental schools (requested by the Council on Education and the Association of Canadian Faculties of Dentistry), and a comparative study of dental services rendered by the profession under public assistance programs (1972T179). These reports have already been widely distributed and are available on request.
28. The Bureau has been in the practice of annually analyzing and reporting on "Applicants and Applications to Canadian Dental Schools" and a "Dental Education Register". These studies have been undertaken at the request of the Council on Education. The ACFD has now indicated a possible willingness to assume responsibility for these two statistical studies. If the transfer is made it will help to relieve the pressure on the Bureau. (See C. on Educ. report, para 53).
29. Under Dr. Grainger's direction, plans for the 1973 Survey of Dental Practice are being developed. It is hoped that the procedure can be simplified; that there will be fewer questions for the individual dentist to answer; that the answers can be quickly computerized; and that up-to-date information on many of the key questions can be made available to corporate members and individual dentists without the long delay that has been experienced in the past. The Bureau seeks the co-operation of all corporate members, licensing boards and individual dentists in making this new program work to the profession's advantage.

BUREAU OF PUBLIC INFORMATION

30. The Bureau of Public Information has in the past year been plagued by the necessity of several changes in personnel. At the time of writing this report, a new director for the Bureau is being sought after losing two within the last eight months. In addition, the Bureau's fluoridation officer retired at the end of June, 1973.
31. In spite of the shortage of staff, the Bureau attempted to carry on with its normal activities as outlined in this report a year ago. (1972T105). In addition it co-ordinated for the first time a National Dental Health Week in co-operation with the corporate members. With the gracious and gratuitous assistance of Dr. W.J. Dunn it initiated a question-and-answer syndicated dental column in the Toronto Daily Star and it offered assistance to corporate members with their individual public information programs.

SASKATCHEWAN'S DENTAL PLAN FOR CHILDREN

32. Council displayed concern over the role proposed for dental auxiliaries in the Saskatchewan dental plan for children. In an effort to co-operate with the College of Dental Surgeons of Saskatchewan in resisting the imposition by government of an inadequate program, the

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College was invited to identify those areas in the proposed plan which are of special concern to the College and those in which the College thought the Association might be of assistance.

33. Subsequently, as many resource documents as possible were sent from CDA headquarters to the College; Council on behalf of the Association submitted a brief to the Saskatchewan government Advisory Committee on Dental Care for Children, and Drs. Wihak and McIntosh appeared before the Advisory Committee in support of the Association's brief.
34. Details of the plan to be introduced in Saskatchewan were still unknown at the time this report was prepared. (Also see para 51 of this report).

CDA'S DENTAL HEALTH PLAN FOR CHILDREN

35. Influenced somewhat by the Saskatchewan experience, Council decided that an effort should be made to implement a comprehensive information program to support the basic principles contained in the Association's model of a dental health plan for children. Up to \$10,000 was allocated for the purpose. Instruction was given that a draft of these principles, in layman's language, be prepared and sent to all Board members for comment before final editing and distribution to legislators and others as seemed appropriate. By the deadline given for the return of Board members' comments, only four replies had been received.
36. The statement when finally edited will be available to individual and corporate members for distribution as they see fit.

DENTISTRY IN EXTENDED CARE CENTRES

37. As directed by the Board (1972T119), the federal government was approached for financial assistance to help provide dental services to persons living in extended care centres. Government officials advised that until such time as additional statistics on the dental health status and needs of the various population groups were known no concrete proposals could be considered. (See paras 21-23 of C. on Hospital Services report).

HONORARY MEMBERSHIPS

38. Pursuant to a policy approved by the Board a year ago (1972T81), your President invited nominations for honorary membership in the Association from all corporate members. Several proposals also came from other dental groups and individual dentists. Council regrets that it is impractical to confer honorary membership on all who were nominated for this high honour. Out of eleven names submitted, Council selected two: Dr. Menzies Campbell of Glasgow, Scotland and Dr. H.M. Worth of Vancouver, B.C.
39. Dr. Campbell holds a DDS degree, cum laude, from the University of Toronto. He lives and did practice dentistry in Glasgow. He is eighty-seven years of age. Dr. Campbell has made many outstanding contributions to dentistry, perhaps the chief one being in the area of the history of dentistry on which subject he is internationally recognized as a leading authority.

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40. Unfortunately, Dr. Campbell's health does not permit him to travel and it was therefore necessary to make other arrangements for the conferring of his honour. By good fortune, Dr. Don and Mrs. Gullett travelled to the British Isles this summer. Dr. Gullett is an old friend of Dr. Campbell's and was therefore pleased to act for the Association. He conferred the honorary membership on Dr. Campbell in the latter's home on June 26, 1973.
41. The citation given by Dr. Gullett and Dr. Campbell's written response are attached to this report as Appendices 2 and 3.
42. Dr. H.M. Worth graduated from Guy's Hospital, London, England in Medicine and Dentistry. His contributions to dentistry in the field of oral radiology are legend throughout the world. He has been the recipient of many honours. Fortunately, Dr. Worth will be able to attend the CDA Installation Luncheon on Wednesday, October 17, in Vancouver, where it will be your President's privilege to confer honorary membership on this illustrious gentleman.

CANADIAN NATIONAL EXHIBITION

43. The Canadian National Exhibition is the world's largest annual exhibition. It is held in Toronto each year.
44. Council was informed that CDA is eligible for an associate membership in the CNE Association. There is no obligation as an associate member other than to select a representative who will attend the CNE Association's meetings; such representative is eligible for election as a director of CNE.
45. At Council's direction, an application for associate membership was submitted. It was approved. Council named Alex MacLean, D.D.S. of Picton, Ontario as the Association's representative. Dr. MacLean has for a number of years been responsible for the organization of the outstanding air show which has been a regular feature attraction of the exhibition.

STANDARDS COUNCIL OF CANADA

46. The Minister of Trade and Commerce invited the Association to submit names of dentists for possible appointment to the Standards Council of Canada. Dr. D.K. Peters from Newfoundland was selected and has attended several Ottawa meetings.

FEDERAL DENTAL SERVICES

47. The Department of National Health and Welfare struck an ad hoc committee to define and make recommendations on the federal government's role in dental health. The Association was invited to submit its views to the ad hoc committee.
48. Although little time was available to make such a submission, Council thought it important to do so and forwarded the statement which is attached as Appendix 4. The statement is included with

this report for information, as it provides a record of certain responsibilities the Association believes the federal government should assume with regard to dental health of the Canadian community.

MANUAL FOR ELECTIVE OFFICERS

49. To assist elective officers to understand better their duties and responsibilities, Council directed that manual or manuals detailing these items be prepared. A first draft of a manual has been completed and has been sent to Council chairmen as well as a few others for criticism and suggestion. It will be available for use later this year. A list of CDA services has also been prepared and will be updated from time to time.

DISTRIBUTION OF MINUTES OF COUNCIL MEETINGS

50. Council was persuaded that Board members would prefer to receive minutes of Executive Council meetings minus confidential items and appendices, rather than "highlights" of the proceedings as directed by the Board a few years ago. Edited minutes of the last Council meeting have been circulated to all Board members and it is planned to continue this practice unless the Board directs otherwise.

EFFECTIVE SUPERVISION: DEFINITION OF MEANING

51. Council's brief to the Saskatchewan Advisory Committee on Dental Care for Children used the term "effective supervision". Later, Council was asked to define the meaning of this term which it did. As the Association may be called upon again in the future to take a stand on the meaning of "supervision", Council seeks Board endorsement of the following statement:

Resolved that the following statement on supervision be approved:

"Implicit in the interpretation of the meaning of effective supervision by a dentist of the services of allied dental health personnel is the requirement on the dentist to assume ultimate responsibility for the nature, extent and quality of the dental care or service received by his patient. More specifically:

1. The dentist will be responsible for delineating the scope of services the allied personnel will perform.
2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge and ability effectively to perform the duties he has delegated, such duties being those not requiring the full knowledge and skill of the licensed dentist.

3. The dentist will be responsible for assuring himself that the duties assigned have been competently and correctly discharged.
4. The allied dental health worker who renders services directly for the patient will perform his or her duties within the same accommodation as that occupied by the dentist and normally, as well, when the dentist is present".

The Board of Governors does not agree with the fourth resolving clause of the above resolution and recommends that it be amended as follows:

- "4. The allied dental health worker who renders services directly for the patient will perform his or her duties within the same accommodation as that occupied by the dentist when the dentist is present."*

Adopted

Resolved that the following statement on supervision be approved:

"Implicit in the interpretation of the meaning of effective supervision by a dentist of the services of allied dental health personnel is the requirement on the dentist to assume ultimate responsibility for the nature, extent and quality of the dental care or service rendered by his patient. More specifically:

- "1. The dentist will be responsible for delineating the scope of services the allied personnel will perform.*
- 2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge and ability effectively to perform the duties he has delegated, such duties being those not requiring the full knowledge and skill of the licensed dentist.*
- 3. The dentist will be responsible for assuring himself that the duties assigned have been competently and correctly discharged.*
- 4. The allied dental health worker who renders services directly for the patient will perform his or her duties within the same accommodation as that occupied by the dentist when the dentist is present."*

Adopted

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INDIVIDUAL MEMBERSHIP IN THE ASSOCIATION

52. Lengthy discussions took place on possible alternatives to individual member eligibility. Council ultimately approved and seeks Board approval of the following resolution:

Whereas the national and provincial dental organizations can best serve the interests of their members by having the maximum number of dentists participate in the affairs of their respective organizations, and

whereas the maximum number of dentists will participate if the principles of conjoint membership between national and provincial dental organizations are applied, either on the basis of a requirement for licensure or on a voluntary basis,

therefore be it resolved

that individual membership in the Association continue to be accepted solely on the basis of a conjoint membership, voluntary or as a requirement of licensure in a provincial organization that is prepared to accept the responsibilities of a corporate member of the Association.

Whereas there is another resolution pertinent to this matter outlined in paragraph 124 of the Executive Council report, the Board moves that this resolution be postponed indefinitely.

Adopted

VOLUNTARY CONJOINT MEMBERSHIP

53. A small CDA/ODA liaison committee met several times and among other items worked co-operatively to develop an acceptable definition of voluntary conjoint membership.
54. Council approved the definition (Appendix 5) and recommends it to the Board of Governors and to those corporate members to which it has specific application:

Resolved that the definition of voluntary conjoint membership as given in Appendix 5 be approved.

Adopted

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EXPENSE ALLOWANCE FOR BOARD MEMBERS

55. In an effort to stimulate better communication between Board, Executive and corporate members, Council proposes the following resolution for Board approval:

Whereas there is a great need for close liaison amongst our Board and Executive members, and

whereas each member already contributes heavily of his time, energy and personal funds, and

whereas the Association benefits from encouraging and stimulating this proposed activity

be it resolved

that it be recommended to the Board of Governors that the Association provide an accountable allowance of up to \$100 annually to each Board member for communication, be it spent on postage, telephone, travel, etc., and

further that the members of the Executive Council be allowed up to an extra \$100 per annum for the same purpose.

Adopted

AUDITORS

56. Council approved the reappointment of Thorne, Gunn & Company, as the Association's auditors and recommends their appointment to the meeting of corporate (voting) members.

SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

57. Following the pattern established last year of having the Library Trustees report to the Board through Council, a brief report on library activities is included in Appendix 6.

GROUP TRAVEL

58. With the increasing interest in and benefits from group travel, Council reconsidered the position of "no participation" approved in 1965 (Exec. C. May/65 #71).

59. Council now recommends that the Board approve the Group Travel Guidelines for CDA participation as listed in Appendix 7.

Resolved that the Group Travel Guidelines for CDA as listed in Appendix 7 be approved.

Adopted

PERIODICAL SUBSCRIPTIONS FOR BOARD MEMBERS AND COUNCIL CHAIRMEN

60. Council directed that headquarters make the necessary arrangements to provide Board members and Council chairmen with regular copies of
- 1) Provincial dental journals
 - 2) Corporate member news letters or bulletins
 - 3) American Dental Association Leadership Bulletin
 - 4) American Dental Association News
 - 5) Any other pertinent articles and general information at the discretion of the president.
61. Steps have been initiated to set this program in motion.

CDA STATEMENT OF PRINCIPLES ON
GOVERNMENT DENTAL CARE PROGRAMS

62. Members of the Board will recall having received a draft statement along with the request for comments by June 30, 1973.
63. The Bureau of Public Information has been asked to finalize a statement taking into consideration the four responses from Board members. Council further directed that, after final approval by the President, the Board and Corporate Members will be notified of the statement's availability for use as then seems appropriate.

The Board does not agree with the wording of the final sentence in paragraph 63, believing that the recommended action is inconsistent with Article VIII, Section 5, sub-sections (a) and (e) of the CDA by-laws. The following resolution is presented:

Resolved

that, after final approval by the Board of Governors, the corporate members and other interested parties will be notified of the availability of the CDA Statement of Principles on Government Dental Care Programs for use as then seems appropriate.

Adopted

1973 CONVENTION

64. Council has been kept apprised of developments leading to the 1973 Convention by reports from the Conventions Committee Chairman, Dr. Murray Cornish.

65. Appreciation is expressed to Dr. Cornish, to Dr. Don Marshall (chairman of the local arrangements committee) and to members of both the local and national committees whose diligent and effective work is obvious in the predicted success of the 1973 Convention.
66. Council also wishes to express its sincere appreciation to the College of Dental Surgeons of British Columbia for forgoing its 1973 annual convention in order to enhance the success of the national meeting.

DENTAL SERVICES IN CANADIAN PENITENTIARIES

67. In a letter dated June 4, 1973 the Director of Medical Services, Office of the Commissioner of Penitentiaries, invited CDA to nominate a member of the Association to the National Health Services Advisory Committee for Canadian Penitentiaries. The Committee is appointed by the Commissioner of Penitentiaries and consists of representatives of the Canadian Medical Association, senior medical staff of the Penitentiary Service and other professional bodies whose members have major roles in providing health services.
68. One of the main assignments given the Committee is to "review, recommend and assist in the development of policies and guidelines for the dispensing of health services, to enquire into the quality of care dispensed and to recommend changes as appropriate".
69. Dr. J.R. Callingham of Ottawa has been appointed to the Advisory Committee as CDA's representative. His reports to the Association are awaited with interest.

BUREAU OF DENTAL STATISTICS (see also para. 26-29)

70. A summary of Dr. Grainger's projections for Bureau activities in the immediate future is shown in Appendix 8.

With respect to paragraph 70, the Board notes with regret and concern that the supplemental support (\$13,000) as identified in paragraph 9, Appendix 8 ("Plan and Budget for Future Action of Bureau of Dental Statistics") being requested as quickly as possible has been reduced to \$4,000. (see item 90, "Summary of Executive Council Actions, September 10-12, 1973 on the Treasurer's 1974 Budget Report" in the Treasurer's Report).

The Board considers that the Bureau of Dental Statistics is a priority function deserving of the strong early support of the Association and recommends that, as soon as funds are available, serious consideration be given to further support of the Bureau of Dental Statistics as a matter of immediately and prime concern.

BUREAU OF PUBLIC INFORMATION (see also para. 30-31)

71. In anticipation of the retirement of Mr. Lloyd Bowen as the Association's fluoridation officer (30 June 1973), the Department of National Health and Welfare was approached for funds to continue and expand CDA's involvement

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in the area of fluoridation. The original request was denied on the grounds that "the Health Programs Branch will retain the responsibility for stimulating, proposing and assisting in the design of departmental programs to promote fluoridation for dental purposes and also for the provision of technical information concerning the effects on dental tissues of fluorides, either systemically or topically applied by professionally-approved methods and in approved concentrations. This will be a particular responsibility of the Dental Consultant within the Branch."

2. Further consultations with government officials resulted in a contract arrangement between the Department of National Health and Welfare, Mr. Bowen and the Association in which, for a minimum period of five months, Mr. Bowen does an in-depth study of fluoridation for the Health Programs Branch of the government. The Association provides office facilities and in return continues to receive the services of Mr. Bowen as fluoridation officer.

3. Council noted with pleasure the appointment of Miss Patricia Lundie as the Association's new Public Information Officer effective 24 September 1973.

JOURNAL

4. Dr. R.M. Grainger, editor of the JOURNAL OF THE CANADIAN DENTAL ASSOCIATION was asked to comment on the future of the Association's publication as he at present envisages it.

5. Council believed Dr. Grainger's response to be fresh and of interest to the membership. It is therefore attached as Appendix 9.

MEDISCOPE

6. On September 1, the Canadian Medical Association launched a new publication, MEDISCOPE, a tabloid newspaper directed at all components of the health care team. Included in the gratis distribution will be CDA Board of Governors, Council Chairmen, Presidents and Secretaries of corporate members and the CDA office.

7. The editorial thrust of MEDISCOPE will be directed at all segments of the health care team. While it will be published by the CMA (at 240 St. George St., Toronto) via a staff of professional journalists, they do not anticipate the allocation of more than 30% of the editorial space to "medical subjects". The editors are interested in input from the CDA and the JOURNAL department has agreed to assist them in the collection of news and information. An invitation has also been expressed to the CDA to actively take advantage of the editorial space that will be allocated for the specific viewpoints of individuals and agencies.

ALPHA OMEGA CONTINUING EDUCATION LIBRARY

8. Council was informed of the establishment of the above noted Library at 2016 Bathurst Street, Toronto. The project is being aided and partially funded by a grant from the Government of Canada under its "New Horizons Program", to involve senior members of the dental profession.

79. The Association, through its librarian, has and will continue to offer what assistance it can in building up the Alpha Omega Library.

APPLICATIONS FOR SECTION RECOGNITION

80. Canadian Academy of Oral Pathology: (Appendix 10)
The Board of Governors recognized the specialty of oral pathology in 1972 (1972T63). The Canadian Academy of Oral Pathology is therefore eligible to apply for section status.
81. During consideration of the Academy's application, Council was informed by the chairman of the Association's Council on Constitution and By-laws that certain ambiguities had been identified in the Academy's by-laws which should be corrected or clarified. These points have been relayed to the President of the Academy. Council therefore recommends:

Resolved

that the Board of Governors defer action on the application for section status in the Association by the Canadian Academy of Oral Pathology until the Academy has approved the required amendments to its by-laws and thereafter resubmitted its application.

Adopted

82. Canadian Academy of Oral Radiology: (Appendix 11)
The Academy's application for specialty recognition has been accepted by the Council on Education and is being recommended for approval. (see Council on Education report, para. 27)
83. Again the Association's Council on Constitution and By-laws identified areas in the Academy's by-laws which require further clarification, particularly in the area of membership classification. Council therefore recommends:

Resolved

that the Board of Governors defer action on the application by the Canadian Academy of Oral Radiology for section status until the Academy's application for specialty recognition has been approved by the Board of Governors and until further consultation between the Council on Constitution and By-laws and the Academy regarding Academy by-laws has been arranged.

Adopted

84. The Association of Prosthodontists of Canada: (Appendix 12)
This application for section status is submitted contingent upon Board approval of the proposed new definition of prosthodontics (see report of the Council on Education, para. 23).

85. In its assessment of this application, Council noted the concern of the Council on Constitution and By-laws over the apparent exclusion of the interests of restorative dentistry in the APC by-laws. Council noted further that the proposed new definition of prosthodontics does in fact include the special practice area of restorative dentistry and that there was therefore need for co-operation between the Canadian Academy of Restorative Dentistry and the Association of Prosthodontists of Canada before a new application for section status is considered.

Resolved

that the Board of Governors defer consideration of the application of the Association of Prosthodontists of Canada for section status until a suitable definition for prosthodontics has been approved by the Board and the relationship of the Association of Prosthodontists of Canada to this new definition and to other special practice groups that may come within the new definition has been clarified.

The Board of Governors does not agree with the above resolution and recommends a substitute as follows:

Resolved

that the Board of Governors defer consideration of the application of the Association of Prosthodontists of Canada for section status until a suitable definition for prosthodontics has been approved by the Board but that the Board recognizes the fact that the Canadian Academy of Prosthodontics and the Canadian Academy of Restorative Dentistry acknowledge that the Association of Prosthodontists of Canada will in due course be recognized as the Section in Prosthodontics of the Canadian Dental Association following the implementation of the mechanism outlined by the Royal College of Dentists of Canada to provide for an interim examination in Restorative Dentistry as per the definition of prosthodontics (1973).

Adopted

86. Section submissions to CDA Council on Constitution and By-laws:
Some difficulty has been encountered in having the necessary liaison take place between the Council on Constitution and By-laws and other interested parties in order to meet annual meeting deadlines. Therefore, to facilitate discussions between the Council on Constitution and By-laws, sections, section applicants and the Executive Council, the following resolution is submitted:

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Resolved

that the Board of Governors establish the requirement that requests to the Council on Constitution and By-laws for approval or comment re the by-laws of sections or regarding an application for section status be submitted to the Council no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken.

Adopted

87. Section applications to the Board of Governors:
CDA by-laws (Article XV, Section 2(a)) require that section applications be accompanied by by-laws and regulations of the group applying for section approval. Because of the volume of this documentation and the short term it is usually applicable, Council is of the opinion that it should be copied only for the Council on Constitution and By-laws and the Executive Council when the latter is studying the applications. A few copies would be available at the Board meeting at which action was to be taken.

Resolved

- (1) that the Board of Governors approve the recommendation that the constitution and by-laws submitted by sections and section applicants be available at Board meetings but not be distributed in the Board's annual meeting agenda books or printed in the Transactions, and
- (2) that the appropriate Association by-law, namely Article XV, Section 2(a), be amended accordingly.

*Adopted
unanimously*

CANADIAN DENTAL SERVICE PLANS INC. (CDSPI)

88. As recommended by the Board (1972T80), the Association's representatives on the Board of Directors of CDSPI reported to Council. Their reports included an audited financial statement for the year ended July 31, 1972 and a revised set of by-laws.
89. Further discussions with the CDSPI Board of Directors resulted in additional amendments to their by-laws with regard to membership and the election of directors. The present by-laws establish a voting membership of twenty-one and a Board of Directors of seven. The voting membership is to be chosen by CDA and its corporate members - the numbers and their geographic distribution as laid down in the by-laws. The Directors are to be elected by and from the voting membership. The President and Secretary are to be elected from and by the seven directors.

With respect to paragraph 89 the Board notes that the Province of Manitoba has been excluded from the voting membership of the CDSPI and suggests that the matter be investigated further.

90. To comply with the requirements of the new CDSPI by-laws and so that CDA's representatives could take part in CDSPI's annual meeting on September 13, Council elected the following six representatives to CDSPI's voting membership: Dr. J.E. Abra, Winnipeg; Dr. Louis Bernier, Quebec City; Dr. W.S. MacKenzie, Toronto; Dr. D.K. Peters, St. John's; Dr. J.F. Reid, Vancouver; Dr. W.J. Spence, Toronto.
91. Changes in CDSPI's by-laws have made it difficult to comply exactly with the Board's directives of last year (1972T80). Council therefore recommends approval of the following resolution:

Whereas CDSPI in 1973 adopted new by-laws which established a voting membership of 21 (CDA is entitled to 6 representatives and 6 votes) and a Board of Directors of 7 (CDA is entitled to 2 directors elected by and from the voting representatives) and

whereas the new voting membership and the method of electing CDSPI directors are quite different from circumstances that existed when the CDA Board of Governors considered methods of selecting its representatives to the CDSPI Board in 1972

Therefore be it resolved

that the Board of Governors rescind its 1972 motion (1972T80) and

that the Board of Governors delegate to the Executive Council the responsibility for appointing the Association's representatives to CDSPI in a manner compatible with CDSPI by-laws.

On motion from the floor:

Moved that the final paragraph of the resolution in paragraph 91 be amended to read:

"that the Board of Governors elect annually the six representatives from this Association to the CDSPI in a manner compatible with CDSPI by-laws".

Adopted

Whereas CDSPI in 1973 adopted new by-laws which established a voting membership of 21 (CDA is entitled to 6 representatives and 6 votes) and a Board of Directors of 7 (CDA is entitled to 2 directors elected by and from the voting representatives), and

whereas the new voting membership and the method of electing CDSPI directors are quite different from circumstances that existed when the CDA Board of Governors considered methods of selecting its representatives to the CDSPI Board in 1972, therefore be it

Resolved

that the Board of Governors rescind its 1972 motion (1972T80), and

that the Board of Governors elect annually the six representatives from this Association to the CDSPI in a manner compatible with CDSPI by-laws.

Adopted

(Ed.note: it was agreed at the Board meeting that the current list of CDA representatives would remain in effect for the year 1973-74 and that election of representatives would take place at the 1974 Board of Governors' meeting).

CDA ACCREDITATION PROGRAM

92. Funding of surveys:

Because of the increasing scope of the Association's accreditation program and its rising costs, Council gave extensive consideration to possible sources of program funding. Further details are contained in the Council on Education report, paragraphs 63 - 66.

93. In view of the comments of the Council on Education and notification of a welcome grant of \$8,000 from the National Dental Examining Board of Canada in 1974, decision was taken not to pursue the matter further at the present time.

On motion from the floor:

Whereas benefits from the accreditation process primarily accrue equally to this Association, the NDEB and the educational programs surveyed, and

whereas this Association is faced with mounting direct and indirect costs of operation of the accreditation process, and

whereas this Association is placing a higher priority on its internal communication services (e.g. the Task Force on Aims and Objectives) and may not have the financial resources to continue the accreditation program at its present level, and

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whereas the ACFD would encounter no further conflict of interest than they are presently adequately dealing with, by virtue of their direct and indirect representation on the Council on Education, therefore be it

Resolved

that the Association of Canadian Faculties of Dentistry be respectfully requested to fund up to one-third of the cost of accreditation of undergraduate and graduate dental and dental hygiene programs in their faculties, and further

that those educational facilities not represented by the ACFD be assessed a survey fee, the amount of which shall be determined by the survey co-ordinator in consultation with the Council on Education.

Adopted

94. Accreditation Co-ordinator (1972T55):
After careful study and consultation with the Council on Education and its Survey Policy Committee, Council was persuaded that the accreditation program would be improved by having as a member of every survey team a co-ordinator who could act as chairman of the team and provide continuity from one survey to the next.
95. Again in consultation with the above noted educational agencies, Council authorized the engagement of an accreditation co-ordinator whose responsibilities are to encompass all accreditation programs residing within the jurisdiction of the Council on Education.
96. Council is pleased to report that Dr. M.A. Rogers of Montreal accepted an invitation to serve as accreditation co-ordinator beginning January first, 1974, for a term of three years.
97. Council further agreed with the Council on Education's suggestion that the basic survey team (see Council on Education report, para. 8) for undergraduate programs during the 1974 year comprise the co-ordinator and two others, the latter two to be selected by the Survey Policy Committee.

COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

98. Dr. Z. Kasloff, past chairman of the Committee, at the request of Council, developed a five-year projection of the objectives and expenses for the committee. This projection is shown as Appendix 2 of the report of the Council on Research.

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99. Council, although appreciative of the desirability of proceeding with testing facilities as recommended by the Committee on Standards for Dental Materials and Devices of the Council on Research, believes that the development of these testing centres with or without financial assistance from the Association is likely to require an extended period of time.
100. In the meantime, Council encourages the Standards Committee to continue to function under the proposed terms of reference (see report of the Council on Research, para. 34, to the 1973 Board of Governors meeting) which do not require the elaborate testing facilities.

FEDERATION DENTAIRE INTERNATIONALE

101. Because of the timing of meetings no report on the October 1972 FDI World Dental Congress held in Mexico City has been made to the Board.
102. An action taken at FDI's 1972 Congress that is of major significance to members of the CDA is the acceptance by the Federation of the Association's invitation to hold the 1977 World Dental Congress in Toronto, October 17 - 24 (1972T78). Organization of this Congress will be a colossal undertaking. Council has appointed the nucleus group of the organizing committee, comprising Dr. M. Cornish, chairman, Dr. M. Kamienski, Dr. G. Beagrie, Dr. W.J. Spence and the Executive Director. The nucleus group has already met several times and initial plans are underway.
103. Approximately 300 Canadian dentists attended the Mexican Congress. The Association's delegates were: Drs. D.K. Peters, H.R. MacLean and W.G. McIntosh. Alternate delegates were: Drs. D.W. Gullett, G.E. Decker, J.P. Lussier and Brigadier-General G. Evans.
104. The 1973 FDI Congress was held in Sydney, Australia, in July. About seventy-five Canadian dentists attended.
105. Resolutions adopted by the FDI General Assembly lead Council to the following decisions:
 - (1) beginning January 1, 1974 supporting membership in FDI for members of CDA will not be inseparably linked with the subscription to the INTERNATIONAL DENTAL JOURNAL;
 - (2) the 1974 FDI supporting membership dues will be \$10.00, two dollars of which will be retained to defray CDA's administrative charges;
 - (3) the 1974 subscription for the INTERNATIONAL DENTAL JOURNAL will be \$13.00.
106. World-wide inflation and devaluation of the dollar made it necessary for FDI to give notice that it will probably be necessary for member associations to pay a supplementary subscription for 1974 in the order of 10% of their present subscriptions. The supplementary

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subscription for 1974 would be collected at the beginning of 1975 with the subscription for that year. If inflation continues at a high level, a similar supplementary request may be necessary in 1975 and succeeding years.

107. A brief list of additional items pertinent to the 1973 Congress which may be of interest to CDA members is included as Appendix 13.
108. The Executive Director of FDI prepares a detailed chronicle of each annual congress. Copies can be made available to interested parties. Therefore as a means of economizing in both time and money, Council intends, unless the Board directs otherwise, to limit future FDI reports to the Board to only those FDI activities which are likely to have a direct effect on CDA members. Members will also be reminded that a detailed report may be obtained from headquarters by those who are interested and request it.

OFFICIAL GUESTS AND VISITING DIGNITARIES

109. It is anticipated that the final list of official guests and visiting dignitaries to attend the 1973 CDA annual meetings and convention will contain additional names. Those known when this report was written include the following:

Dr. Peter Banks	- President, Canadian Medical Association
Mrs. Margaret Byers	- President, Can.Dental Nurses & Assistants Assoc.
Dr. Cyril deVere Green	- President, American Dental Society of Europe and Representative, British Dental Association
Dr. Wm. Kampel	- President, Alpha Omega International
Dr. Louis Saporito	- President, American Dental Association
Miss Marjorie Weich	- President, Canadian Dental Hygienists Assoc.

CDA/MEDIFACTS CONTINUING EDUCATION CASSETTE PROGRAM (1972T87)

110. Council was pleased to note that the continuing education program over its first eleven months of operation did not require a financial subsidy from the Association. It was disappointed that the 200 French subscribers required to support a French program were not available.
111. The program has now started in its second year of operation. A resolution encouraging support of the program is included in the Council on Education report, paragraph 31.

SCITEC (1971T84)

112. The Executive Director has been the Association's representative on the Association of the Scientific, Engineering and Technological Community of Canada for the past several years. Because the activities of SCITEC are, generally speaking, unrelated to the dental scene, combined with an appeal for a sizeable increase in the annual CDA membership contribution, Council seeks Board approval of the following resolution:

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Whereas the contributions that CDA can make to SCITEC are still not clearly defined, and

whereas the Association has for the present other priorities both financial and otherwise which take precedence

Therefore be it resolved

that CDA not at this time renew its association membership with SCITEC but that contact with SCITEC activities be maintained through individual membership of one or more of the Association's officers or officials.

Adopted

DENTAL REPRESENTATION ON GOVERNMENT HEALTH COMMITTEES

113. Council was asked by Dr. Paul G. Greenacre of the Royal Military College, Kingston, Ontario, if national and provincial dental groups had ever made a coordinated effort to encourage the federal and provincial health ministers to include dental representatives on all health committees. Council agreed that the idea had considerable merit.

Resolved

that an effort be made to determine if the corporate members would be interested in a co-ordinated and simultaneous approach to provincial and federal Ministers of Health to encourage them to include dental representatives on all health committees, and

that if there is general agreement to this approach, CDA undertake to co-ordinate the efforts in having it implemented.

On motion from the floor:

Moved that the words "provincial and federal Ministers of Health" be changed to read: "provincial and federal Ministers responsible for dental services".

Adopted

Resolved

that an effort be made to determine if the corporate members would be interested in a co-ordinated and simultaneous approach to

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provincial and federal Ministers responsible for dental services to encourage them to include dental representatives on all health committees, and

that if there is general agreement to this approach, CDA undertake to co-ordinate the efforts in having it implemented.

Adopted

DENTISTS IMPRISONED IN THE SOVIET UNION

114. The case of two dentists who are being detained in the Soviet Union, contrary to the Universal Declaration of Human Rights of the United Nations to which the Soviet Union was signatory, was brought to the attention of Council. Board approval of the following resolution is recommended:

Whereas the membership of the Canadian Dental Association wishes to join the American Dental Association, the British Dental Association and the Alpha Omega Fraternity in their humanitarian efforts to effect the release of two Soviet dentists, Doctors Mikhail Korenblit and Boris (Yankelzon) Azernikov, both presently imprisoned in the Soviet Union for the alleged anti-Soviet activity of showing interest in their ethnic heritage and desiring to emigrate, and

whereas this act of repression on the part of the Soviet authorities clearly violates Article 13/2 of the Universal Declaration of Human Rights of the United Nations which states "Everyone has the right to leave any country including his own", and

whereas the Soviet government is a signatory to this Declaration and has in fact supported it on several occasions before the United Nations,

therefore be it resolved

that the Canadian Dental Association actively join in the endeavour to obtain freedom for Doctors Mikhail Korenblit and Boris (Yankelzon) Azernikov by petitioning the Canadian government and elected officials to use their good offices with the Soviet government in the above, by communicating our position to international bodies such as the United Nations and the International Red Cross and by further enlisting the support of organized dental groups here and abroad, among them the Federation Dentaire Internationale and our counterpart in the Soviet Union, on behalf of these Soviet dentists, and

be it further resolved

that whenever and wherever any of our colleagues throughout the world are similarly deprived of their human rights, the Canadian Dental Association take like action in behalf of their vital interests.

Adopted

THE BATTERED CHILD

115. Ms. Mary VanStolk, author of "The Battered Child in Canada" and an active lobbyist for formal legislation on this subject, has asked the Association to reinforce its efforts to prevent the abuse of children by aiding in the enactment of legislation as outlined in Appendix 14.

116. Council recommends:

Resolved

that on behalf of the Association support for the proposed amendment to the Criminal Code of Canada re maltreatment of a child be forwarded to Ms. VanStolk, the Honourable Otto Lang and the Honourable Marc Lalonde.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Resolved

that the Board of Governors reiterates its concern over the maltreatment of children and recommends to the corporate members that they approach their respective Attorneys-General in an effort to devise regulations which will make the reporting of evidence of maltreatment of children mandatory.

Adopted

WORLD HEALTH ORGANIZATION: 25th anniversary

117. 1973 marks the twenty-fifth anniversary of WHO's world-wide fight against disease. Council directed that on behalf of the Association a congratulatory message be sent to WHO, in recognition of their successful activities in promoting health throughout the world.

RECOGNITION: Dr. D.C. Way

118. Although Council is aware that it is unusual to single out for special mention one of the many Association members who give so generously of

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their time and talents to the affairs of the Association, Council does wish to record a very special note of thanks and appreciation to Dr. D.C. Way, Chairman of the Council on Insurance and Investment for the past five years. Dr. Way piloted the amalgamation of provincial and national insurance programs and has, as Chairman of his Council, assumed almost daily responsibilities at great personal sacrifice. Dr. Way has for personal reasons tendered his resignation as Chairman of the Council on Insurance and Investment effective with this Board meeting. He has agreed to remain as a member of the Council for another year until his normal term of office is concluded. The Association is heavily indebted to Dr. Way. Council, on behalf of the Association, hereby records its gratitude to Dr. Way for the unique services he has performed for his Association.

CANADIAN DENTAL HYGIENISTS ASSOCIATION INVITATION

119. A gracious invitation has been received from Miss Marjorie Weich, President of CDHA, for CDA to be officially represented at the 1973 annual CDHA Board meeting, to be held in Vancouver from October 18 - 19. Appropriate acknowledgement has been sent to Miss Weich.

HEADQUARTERS PROPERTY COMMITTEE

120. Headquarters Property Committee, now a committee of Council (1972T79), reported to Council. Essential repairs and maintenance have been recommended and are in progress.

EXECUTIVE DIRECTOR'S REPORT

121. Council received and studied in depth a report from the Executive Director (Appendix 15).
122. Council gave unanimous endorsement to the following resolutions and recommends their approval by the Board:

Resolved

- (a) that in the communications area top priority be given by both the Journal and Public Information departments to extending our intra-professional communications, so as to inform the dentists about their national organization, its services, programs, problems and possible solutions;
- (b) that the present members of the Executive Council, with up to three additional people to be selected by the Executive Council, constitute a Task Force to meet for three days in special sessions, the sole objective being to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4;
- (c) that a report including the specific recommendations developed at the special meeting be prepared and distributed to all Governors, to the Presidents and Secretaries of corporate members and to CDA Council Chairmen;

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- (d) that subsequent to the distribution of the report, a special meeting of the CDA Board of Governors, plus the Presidents and Executive Directors (secretaries) of the corporate members, plus the Council Chairmen, be called - the purpose being to discuss the specific recommendations drafted by the Task Force, and to come to a consensus on each;
- (e) that the representatives from the various corporate members undertake to explain and encourage acceptance of each of the conclusions arrived at during the special meeting of the Board of Governors by their respective provincial organizations and individual dentist members of those organizations;
- (f) that by-laws be drafted to accommodate the new recommendations and presented for acceptance at the next annual meeting of the CDA Board of Governors

and further

that the Board of Governors approves the undertakings listed in (a) to (f) with the understanding that the approval is not meant to imply limitations that would restrict the operations of the Task Force in pursuit of its objectives.

On motion from the floor:

that section (b) of the resolution contained in paragraph 122 be amended to read:

"(b) that a Task Force composed of one delegate from each of the five Canadian regions, plus one extra delegate from each of Ontario and Quebec, plus three delegates-at-large (including one student member) to be selected by the Executive Council, and a lay chairman of corporate prominence selected by the Executive Council be constituted to meet to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4."

Defeated

The Board of Governors does not agree with the second resolving clause (b) of the above resolution and recommends that it be amended to read:

"(b) that a Task Force composed of one delegate selected by each corporate member and a lay-chairman of corporate prominence selected by the Executive Council be constituted to meet to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4."

Defeated

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On motion from the floor:

that section (b) of the resolution contained in paragraph 122 be amended to read:

"(b) that a Task Force composed of one delegate selected by each corporate member and a lay chairman of corporate prominence selected by the Executive Council be constituted to meet to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4, and that one or two advisers, without voting right or authority to participate, be authorized to accompany the corporate member's delegate, at the expense of the corporate member".

Adopted

The Board does not agree with the third resolving clause (c) of the above resolution and recommends that it be amended to read:

"(c) that a report including the specific recommendations developed at the special meeting be prepared and distributed to all Governors, CDA Council Chairmen and the Presidents and Secretaries of corporate members for distribution as they see fit."

Adopted

Resolved

- (a) that in the communications area top priority be given by both the JOURNAL and Public Information departments to extending our intra-professional communications, so as to inform the dentists about their national organization, its services, programs, problems and possible solutions;*
- (b) that a Task Force composed of one delegate selected by each corporate member and a lay-chairman of corporate prominence selected by the Executive Council be constituted to meet to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4, and that one or two advisers, without voting right or authority to participate, be authorized to accompany the corporate member's delegate, at the expense of the corporate member;*
- (c) that a report including the specific recommendations developed at the special meeting be prepared and distributed to all Governors, CDA Council Chairmen and Presidents and Secretaries of corporate members for distribution as they see fit;*
- (d) that subsequent to the distribution of the report,*

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a special meeting of the CDA Board of Governors, plus the Presidents and Executive Directors (secretaries) of the corporate members, plus the Council Chairmen, be called - the purpose being to discuss the specific recommendations drafted by the Task Force and to come to a consensus on each;

- (e) that the representatives from the various corporate members undertake to explain and encourage acceptance of each of the conclusions arrived at during the special meeting of the Board of Governors by their respective provincial organizations and individual dentist members of those organizations;*
- (f) that by-laws be drafted to accommodate the new recommendations and presented for acceptance at the next annual meeting of the CDA Board of Governors.*

Adopted

COLLEGE OF DENTAL SURGEONS OF THE PROVINCE OF QUEBEC

- 123. A letter dated 26 June 1973 from the Registrar-Secretary of the College of Dental Surgeons of the Province of Quebec contained two motions approved by the College and eight recommendations to which the motions referred, made by the College's sub-committee on the status of membership in the Canadian Dental Association (Appendix 16).
- 124. Council's consideration of the Quebec College's resolutions lead to the following motion for which it seeks Board approval:

Resolved

that the corporate member for Quebec be informed by the Executive Director that Council has taken under advisement the recommendations concerning:

- (1) a change in the Association's by-laws re the grant structure;
- (2) a change in the type of individual membership in the Association;
- (3) the College's desire to remain a corporate member while at the same time it discontinues to pay its normal grant, and

that, with the approval of the Board of Governors, the Executive Council will attempt to deal with each of them in the most propitious manner at the earliest possible date.

Adopted

ONTARIO DENTAL ASSOCIATION: representation

125. A request was received from the corporate member in Ontario as follows:
"Whereas there may be changes in 1974 which could affect representation from the corporate members on the CDA Board of Governors, therefore be it resolved that the CDA Membership Committee (sic) be requested to provide the ODA with a new provincial representation formula".
126. Council proposes for Board approval the following response:

Whereas proposed legislative changes in at least one province (Ontario) are expected to affect the Association's individual and corporate membership from that province, and

whereas the corporate member from another province (Quebec) has given notice of its unwillingness to remain a corporate member under the Association's present regulations, a position which will also affect individual memberships,

Therefore be it resolved

that Executive Council, or a special Task Force to be established by Council, make a special study of the Association's membership structure and the corresponding representation to the Board of Governors, and

that specific recommendations for either maintaining the present membership and representation structure or changing it to strengthen the Association be forwarded to the Board of Governors at the earliest possible date, and

that all corporate members, including the Ontario Dental Association, be informed of this project.

The Board recommends that the word "unwillingness" in the second paragraph (line 2) be substituted by the word "inability".

Adopted

Whereas proposed legislative changes in at least one province (Ontario) are expected to affect the Association's individual and corporate membership from that province, and

whereas the corporate member from another province (Quebec) has given notice of its inability to remain a corporate member under the Association's present regulations, a position which will also affect individual memberships, be it

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Resolved

that Executive Council, or a special Task Force to be established by Council, make a special study of the Association's membership structure and the corresponding representation to the Board of Governors, and

that specific recommendations for either maintaining the present membership and representation structure or changing it to strengthen the Association be forwarded to the Board of Governors at the earliest possible date, and

that all corporate members, including the Ontario Dental Association, be informed of this project.

Adopted

OTTAWA BUILDING COMMITTEE

127. Ever mindful of the heavy responsibilities given Council by the Board with regard to construction of a new headquarters building in Ottawa (1972T91), Council in consultation with its Ottawa Building Committee makes the following observations:
128. (1) Mortgage funds possibly available from CFDE (\$270,000) plus funds from the sale of the present headquarters building (estimated at \$225,000) plus the \$75,000 authorized from the Association's reserve fund, amount to \$570,000 which could be used as a capital expenditure towards the new building. This leaves (\$1,081,000 less land already paid for at \$78,000, less \$570,000) \$433,000 still to be acquired in relation to the original estimate of the total cost of the move.
- (2) In the meantime, building costs have inflated at least 10% which would add an additional \$85,000 to the cost of construction.
- (3) Tentative proposals for a cost-sharing arrangement with the Canadian Medical Association and the construction of a smaller, commercial-type, less prestigious building have been considered but so far rejected.
- (4) Because of the uncertainty of the Association's revenue over the next year or two, the urgency of redirecting the Association's priorities, the apparent unenthusiastic attitude of a large percentage of the profession towards a move at the present time, the current high level of building costs and the unfavourable money market, it does not seem advisable to proceed with construction of the new building at the moment.

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- (5) The overall situation will be kept under constant review and, unless directed otherwise, Council will pursue the project as soon as it seems propitious to do so.

A discussion of the proposed move to Ottawa during the plenary session of the Board of Governors included comment from several corporate member representatives and Board members expressing concern as to whether the Association was in a position to assume financial responsibility of this magnitude at a time when voluntary membership was imminent, with resultant indefinite revenues.

On behalf of the Dental Association of Prince Edward Island, Dr. J.A. Doiron presented the CDA Treasurer with a cheque for \$1,000 as a token indication of the full approval of his Association of the proposed move to Ottawa.

Since no additional resolution was presented at the 1973 Board of Governors' meeting, the resolution recited in 1972 Transactions, page 91, paragraph 78(6) reading: "that construction be started as soon as financing and other details can be arranged" remains in effect.

RELATIVE VALUE SYSTEM OF FEE DETERMINATION (1972T99)

129. Under the direction of Dr. W.D. McDougall of Victoria, the Council on Health Care is proceeding to investigate ways and means of improving the accuracy of the relative value formula. A report is expected shortly.

HONORARIA

130. The Board asked Council to study the matter of honoraria to Association members who contribute their time, knowledge and services to the Association (1972T54).
131. Council asked the Treasurer to provide statistics on which the matter of payment of honoraria could be based. Because of the deficit budget presented by the Treasurer for 1974 and the uncertainty of revenues from Ontario and Quebec, Council believes no further action should be taken at the present time.

AD HOC COMMITTEE ON BILINGUALISM

- 1) that the legal and working language of the CDA be English;

(Note: "working language" is used in this context to mean the language in which official actions of the Board will be taken)

- 2) that when the headquarters is moved to Ottawa, every effort be made to engage competent, bilingual replacement staff to facilitate translations and communications with our francophone members;
(amended by Board of Governors to read:
2) *that every effort be made to engage competent, bilingual replacement and/or new staff to facilitate translations and communications.)*
- 3) that unless and until the use of English only at Executive Council meetings presents a handicap to French-speaking dentists, English should continue to be the working language;
- 4) that translation be available at Board meetings and further that this matter be kept under study and review;
- 5) that the practice of having at least one bilingual francophone on each reference committee be continued;
- 6) that the scientific sessions be conducted in the language of the speaker and that there should be no simultaneous translation;
- 7) that statistics indicating the proportion of French content to English be published in the JOURNAL annually in both language sections;
- 8) that the Governors Letter be printed in one publication in both languages using facing pages, as soon as practicable;
- 9) that every effort be made to close the time gap and eventually make the Governors Letter into one publication;
- 10) that periodic notices appear in the Governors Letter indicating the availability in both languages;
- 11) that the English version of the TRANSACTIONS be the official version;
- 12) that the Council on Communications be asked to study the cost benefit of preparing French translation for all health films and newspaper columns, if there is a demonstrated need;
- 13) that news releases be translated into both languages before they are despatched from CDA headquarters when staff translation facilities are available;

Appendix 1

- 14) that the CDA request that companies which co-operatively provide service to our members such as CDSPI and Medifacts maintain adequate francophone services;
- 15) that the CDA continue its efforts to enrol enough francophone dentists in the CDA-Medifacts cassette program to enable us to provide these members with a French version.

Appendix 2

TO: J. Menzies Campbell.

Your career in the dental profession has been long and distinguished. We, in Canada, claim some small part in your formative years due to the fact that you graduated from the Toronto dental school in 1912.

Not being content with only being a practitioner, you have as an historian, author and lecturer made contribution of inestimable value to the profession. Through meticulous research your writings have established where we as a profession came from in order that the future may be delineated. No one else has published as many articles of significant value related to the history of dentistry. Your contribution is of lasting value and will be utilized by future generations. Men of your calibre are scarce indeed and the whole profession is greatly indebted to you.

You have rendered meritorious service to your profession over many decades. We recognize that such a full life of accomplishment could not have been achieved without the willing co-operation and assistance of your wife, Margaret. We are most grateful and trust that you will have many years of happiness.

It is with these sentiments that on behalf of the President of the Canadian Dental Association, I bestow on you Honorary Membership and present you with this certificate. In doing so, we honour ourselves.

D.W. Gullett

June 26, 1973

Dr. D.K. Peters
President
The Canadian Dental Association
103, Le Marchant Road
St. John's, Newfoundland
Canada.

Dear Dr. Peters:

I should like you and the members to realize how delighted I am now to be on the roll of Honorary Members of the Canadian Dental Association; and to accept my warmest thanks.

It was a wonderful surprise to learn from Dr. W.G. McIntosh that the work, accomplished throughout many years devoted to ploughing a few furrows in the vast field of dental history, had met with such signal recognition. It was an additional and much appreciated kindness to offer to confer this honour in absentia, because ill-health and advanced age (now in my 87th year) are obstacles to travelling long distances.

Subsequently, Dr. McIntosh informed me of a further pleasure, namely that our revered friend, Don Gullett, would bring the honorary membership certificate to me in Glasgow. Not only is he a kindred spirit, but I have derived both joy and profit from reading his History of Dentistry in Canada which, in my opinion, for detailed research, has rarely been equalled and seldom surpassed.

In order to implement his commission, Don and his charming wife, Alice, travelled to our home yesterday, at what must have entailed considerable personal inconvenience. His citation was a masterpiece.

Margaret and I had a thrilling and delightful time, which will ever be remembered as one of the highlights of a long life.

I should add that we did profoundly appreciate the personal delivery of the certificate, due to Dr. McIntosh's ability to contact a member visiting Britain this summer, instead of entrusting it to the impersonal postal system.

This honour is accepted with pride mingled with humility because, if anything, I am more indebted to Canada than contrariwise.

The reason is crystal-clear. I spent the academic year, 1911-12, in Toronto and then attended, among other courses of lectures, the helpful and erudite one on dental history delivered by Dr. G.M. Hermiston. He unravelled the story of dental practice from early times to the visionaries of the 19th century, to whom we of today are indebted for dentistry emerging from a lowly trade to the status and prestige of a great profession.

Appendix 3

With such a background, I soon appreciated that any possible hope of success in dental historical research depended on assuming the role of an Allan Pinkerton, with his flexible and considered judgement. On many occasions, I was forced to desert a fascinating, yet erroneous, trail to explore other clues. Only by adhering to such a procedure, was there any hope of unearthing reliable information, certainly not by the scissors-and-paste method. I am fully confident that this must also have been Don's experience.

There is enduring satisfaction and encouragement, when an investigator succeeds in forging links which, long after he has ceased to reside on this planet, will assist subsequent dental historians to complete the chain. Besides, mine has proved a very pleasurable hobby.

I cannot conclude this letter without assuring you how greatly I regret being unable to attend your Annual General Meeting, when I would have enjoyed talks with you and other genial colleagues.

Finally, as a slight token of appreciation, may I ask you to accept on behalf of the Association, a book which has been specially bound in Scots traditional style. I am further indebted to Don and Alice for undertaking the responsibility of handing it over to you.

With cordial greetings and every good wish for the continued success of the Canadian Dental Association, both in Toronto and, later in Ottawa.

Sincerely

J. Menzies Campbell

"A ROLE FOR THE FEDERAL GOVERNMENT IN DENTAL HEALTH"

submitted by the Executive Council
Canadian Dental Association

to

the Ad Hoc Government Committee
November, 1972.

INTRODUCTION

The Canadian Dental Association believing that dental health is an integral part of general health and therefore of national significance, welcomes the opportunity to comment on the role of the Federal Government in Dental Health.

The Association has also been aware of the fact that dental responsibilities within various federal departments have at times been resolved in isolation from dental activities in other departments. It is hoped that in future interdepartmental co-operation and planning can be achieved to strengthen the services and offset unnecessary duplication of effort.

SERVICES

The Association suggests that the Federal Government's role in the nation's dental health should include the following broad areas of service and responsibility.

1. Dental Public Health including national health educational programs and preventive programs.
2. Dental health service availability. Manpower requirements and distribution, as well as the availability of teaching facilities and teaching personnel would fall under this general heading.
3. Continuing education facilities. If national health standards are to be achieved, the federal government must assume a responsible role in providing facilities for upgrading and/or retraining dental personnel.
4. Provide encouragement to achieve national basic standards of dental health care across Canada.
5. Recognize dental health as an integral part of the nation's general health. The federal government could aid the nation's health by assuring that dentistry was included or given its due consideration in the planning and organization of all national health programs and activities.

6. National dental health statistics. Dental health statistics including dental health indices for all our population groups should be developed and maintained.
7. Research funding. Continuing Research in both basic science and clinical areas are necessary before the incidence of dental disease can be appreciably improved. The federal government must assume a heavy responsibility for the funding of such programs.
8. Dental service for the chronically ill and those in extended care centres. The dental profession needs special assistance to bring dental health care to this population group in Canada. Statistical information mentioned in item 6 above should provide evidence of the magnitude of this problem. If shown to be of national significance, the federal government should give every possible assistance in meeting the need.
9. Treatment services. There are special population groups such as R.C.M.P., veterans, foreign aid students, penitentiary inmates and others for whom the federal government has traditionally, and in the case of the veterans by Act of parliament, provided required dental services. As these services are likely to continue at least until some form of national denticare program is introduced, our comment is that the dental services to these various groups should be co-ordinated under one director of federal dental services.
10. Library of information of services. We believe the federal government could more effectively than any other agency gather, maintain, and make available on request dental health information of national interest and significance. For example, information on communities with and without fluoridation, public health information, educational films, etc.
11. Definition of federal/provincial responsibilities in the field of dental health. We believe that dental health services across Canada could be improved considerably particularly for minority groups such as Indians and Eskimos, if the division of responsibility between federal and provincial authorities could be more clearly defined. The federal government should provide the leadership in clarifying these responsibilities.
12. Standardization of quality of dental materials, devices and therapeutic agents sold in Canada. The federal government through the Standards Council of Canada or the Canadian Standards Association, or some other agency could assist the dental profession, serve the public by helping to establish and maintain approved standards for dental materials, devices and therapeutic agents offered for sale on the Canadian market.

13. Participation in World Health Organization. The federal government should assume a responsible interest in the dental health of people in countries less fortunate than Canada, and through the W.H.O. take an active part in dental health matters, world-wide, as it already does in other aspects of health care.

ORGANIZATION

The Canadian Dental Association is not sufficiently familiar with federal government staffing requirements to make other than general observations on the organizational structure to implement dental health policies.

In general terms, however, we believe that all dental health policies and services, with the exception of those related to the Department of National Defence, should be co-ordinated through one office. The dentist in charge of this office should hold at least an assistant deputy minister rank so that he can have an influential voice at policy-making level. He should be supported by sufficient qualified professional and non-professional staff to efficiently and effectively carry out government policy to best serve the dental health needs of the Canadian community.

The Canadian Dental Association thanks the ad hoc committee for this opportunity of commenting on the role of the federal government in dental health. The Association will welcome an occasion to elaborate on any of the points contained herein should the committee consider this necessary or desirable.

VOLUNTARY CONJOINT MEMBERSHIP

DEFINITION:

'Voluntary Conjoint Membership' is a phrase used to describe a voluntary individual membership category which at one and the same time identifies an individual dentist's membership in his national association (Canadian Dental Association), and his provincial association (corporate member). Membership in either of the two levels of organization is contingent on membership in the other level. Voluntary conjoint membership is applicable only in those provinces where membership in the corporate body is not a condition of licensure.

The ultimate principle of conjoint membership is one based on mutual trust, co-operation and common objectives.

The main features of voluntary conjoint membership are:

1. Each organizational level is dedicated to look after the interests of its members and the public which they serve.
2. Individual membership is voluntary.
3. Individual membership cannot be held in the provincial association without also holding membership in the national association and vice-versa.
4. The conjoint membership fee will be comprised of two portions. Each conjoint partner will establish its own portion of the total conjoint membership fee, giving due regard to its own requirements as well as to those of the partnership. The CDA component of the total conjoint membership fee will be the same in all provinces at any given time and will be set by the CDA Board of Governors with a view to stabilizing the amount for minimum periods of three years.
5. The provincial association will collect the conjoint membership fee and forthwith forward the appropriate portion to the national association.
6. Eligibility for participation by dentists in all activities and programs sponsored by the CDA, and the provincial corporate member, such as conventions, educational programs, insurance and investment programs, Journal subscriptions and the like, will depend on individual voluntary conjoint membership in the appropriate dental associations.
7. The term 'conjoint membership' implies co-operation for mutual benefit to the provincial and national groups. Each group at the same time must maintain autonomy for decisions and actions within its particular geographic and political sphere of influence.
8. Recruitment of members should be a co-operative activity, sponsored by the national association and the provincial corporate member.

REPORT OF THE SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

LIBRARY TRUSTEES: E.R.W. Bilkey, Toronto; CDA President;
and CDA Executive Director.

LIBRARIAN: Miss Colette Gagnon

1. Keeping in mind that the Library should not extend too much before moving to Ottawa, only the textbooks which were considered necessary were purchased in 1972. The new acquisitions amount to 138, including the 24 volumes we acquired through donations and book reviews.
2. The inventory book shows 5,826 items but due to exchanges and donations on our part, this number is not quite correct. For instance, through CUSO, 28 books were sent last September to Dr. G. Spring, who is practising dentistry as a missionary in Malaysia.
3. Efforts are made to reduce our periodical collections. In the summer, 12 more medical serials were forwarded to the new Medical Library of Waterloo University; altogether 1,090 items have been sent and we expect eventually to forward more. The list of periodicals is now reduced to 292 titles.
4. The loan of textbooks kept at the same level as last year, but we are glad to say that there was an increase of 11.5% on periodicals.
5. At the request of UNESCO, the CDA Library agreed to take part in their Gift Program for education projects by collecting a penny for each borrowed book. We received monies of all sorts; bills, silver and copper coins. From July to March, we collected the amount of \$38.00.
6. Every one who uses the Library seems quite satisfied, but it might be worthwhile to underline that foreign dentists who are studying for the NDEB examinations appreciate it even more, saying that they cannot borrow dental books from anywhere else in Canada.

GROUP TRAVEL GUIDELINES FOR CDA

GENERAL PRINCIPLES:

CDA may become involved with group travel programs for Association members when the primary purpose is to assist members make travel arrangements to scientific meetings to which group travel facilities might otherwise not be available. The primary purpose is not to arrange trips or holidays available through other sources.

STIPULATIONS FOR GROUP TRAVEL ARRANGEMENTS:

1. Made in connection with CDA and FDI meetings only.
2. No financial commitment for CDA.
3. No organizational responsibilities for CDA.
4. The carrier and/or agency through which arrangements are made must be reputable and of good record.
5. Hotel rooms, if arranged, must be first class.
6. The agency or carrier pays the regular costs for advertising in the JCDA. CDA's responsibility would be to put occasional notices in Journal announcing the formation of the group and indicating where enquiries should be made.
7. Mailings put out by the agency must go to all dentists in Canada.
8. Mailings must be available in both French and English.
9. CDA must contract with only one travel agency at a time for group travel to a specific location.
10. All mailings and advertisements developed by the agency must be approved by the CDA Executive Council or its convention committee before mailing.
11. Travel arrangements must provide for travel to and from the convention city, irrespective of any side tours.

PLAN AND BUDGET FOR FUTURE ACTION OF BUREAU OF DENTAL STATISTICSPurpose

1. This report is submitted to the Executive Council in response to a request made at the September 1973 meeting to expand on the future role of the Bureau of Statistics in the Canadian Dental Association. Because of time constraints, this document must be considered to be preliminary only and open to discussion.

Major Function of the Bureau

2. The CDA could enhance its usefulness and prestige through a determined effort to have the Bureau become the national centre for collection and distribution of information relating to dental economics. As we see it, in all the provinces there are indications that our profession is entering a new era in which governmental and consumer pressures, of an intensity never before experienced, will be felt by our constituent members. The provincial associations and colleges have to bear the responsibility for their own local negotiations, but we believe that their membership in the CDA entitles them to expect much stronger support in the form of resource material than they have been receiving. At present the Bureau does not have the facilities to give this support when it is called for - this results in considerable disenchantment with the national organization. In addition to the substance of the documents that might be provided to the provinces to assist in their negotiations, there is a very critical need to display the profession's national and unified determination to protect its members' interests in every part of Canada. Put in another way, it should be widely known and expected that if unfair policies were being forced on the dentists in any province, the dentists in all the provinces would become involved through their ties with the national organization. While it is true that government responsibility for dental health is segregated under the BNA Act and that this segregation is reflected in the variations of the provincial legislation, the whole idea of a national association is to ensure that the profession's interests and standards of practice are maintained. Thus we believe that increasing the activity of the Bureau of Statistics is one way to develop a stronger sense of unity and interdependence among the constituent members.

Specific Functions

(a) Inventory of pertinent statistical information

3. The Bureau should have the ability to collect and keep updated statistical material available from various external sources such as the Canadian Census, Federal Department of Revenue, Department of Immi-

gration and Manpower, international dental associations, etc., so that they could be immediately available to the constituent members. The list of facts should be those agreed upon in conference with the constituent bodies. Certain periodic reports, such as "Dental Personnel, Canada" and "Average Dental Incomes," should be reinstated.

(b) Annotated references of literature of dental economics

4. Because of the importance of reports on various forms of dental health insurance, studies of the use of auxiliaries, efficacy of various preventive services etc., there should be a serious on-going operation to secure and summarize the literature in these fields so that it can be available when required. The present need parallels the type of activity undertaken during the early years of water fluoridation - although the current situation is deemed by us to have more serious implications for the future of the profession. Besides having the reference lists and reprints available upon request, digests of the material should be released in the Journal or some other vehicle such as supplements to the "Governors Letter" or an economics newsletter.

(c) Biographical registry of all Canadian dentists and auxiliaries

5. The present CDA membership cards should be updated annually and the amount of information expanded so that the CDA is in a position to know details of the dental manpower in each service line. This information would cover the geographic deployment of all types of dental specialists, their productivity with and without auxiliaries and the degree to which demands for service are being met. The national association should be the first to know what the adequacies and inadequacies of dental manpower are so as to be in the position to recommend appropriate actions. This data bank should be computerized and be the subject of continuing in-house research. Each year, at the time of the annual registration, the most critically needed economic data should be gathered and added to the data bank. As part of a general effort to secure the loyalty and support of all types of dental auxiliaries, they should be included in the CDA registry and assistance extended to their national associations.

(d) Statistics relevant to prevalence and incidence of dental disease and levels of dental care

6. The Bureau must have access to dental survey data reflecting the status of oral health of the population. Negotiations should be started with the Department of National Health and Welfare to determine their plans for the continuation of the Canadian dental health survey work. If we cannot be assured that an effort will be forthcoming, the Bureau should re-assume this role. Particular emphasis in this work should be placed on the determination of specific treatment requirements so that studies could be done on the potential use of various types of dental manpower.

Appendix 8.

(f) Special studies

7. The Bureau should be in a position to undertake special studies intramurally and/or to use its influence to see that they are undertaken extramurally, for example, by members of the dental faculties in critical areas. Some suggestions for this line of work are contained in an article on "Cost Benefit Analysis" appearing in the October issue of the Journal. It appears to us that the highest priority should be given to studies which could support the profession's position that it can utilize auxiliaries effectively within the private or private group practice organizational structure; and that this method of distributing dental care will result in increased output at the lowest possible cost. No other issue approaches this in importance as we are currently attempting to negotiate with governments. In general, special studies would be financed separately from the Bureau budget.

(g) Data processing activities

8. A special comment is appropriate concerning the need for a CDA computer facility to be shared by the registry office, the accounts office, the dental aptitude test operation, the conventions office, the Journal and, of course, the Bureau of Statistics. This might also be integrated with the needs of the CDA-sponsored insurance and investment plans. It is suggested that this be referred to a special committee who would look into all possibilities, ranging from acquisition of a small computer to buying time with a commercial company. The Bureau of Statistics would prefer an in-house facility which might be a part of its responsibility to manage.

Budget and other resource requirements

9. The writer's familiarity with this organization's immediate and future budget problems inescapably influences the following suggestions which are no doubt too conservative. However, budgeting is a matter of setting priorities, so it is assumed that the Council will undertake careful study of the resources it feels appropriate for development of the Bureau. The following supplemental support is required as quickly as possible:

Statistical clerk (technical college graduate)	Approx.\$7,000
Printing and mailing expenses, special reports and surveys	3,000
Data processing, card punching, and computer time	3,000

10. Future requirements will depend on the extent to which the Bureau is directed to pursue the activities mentioned above. Probably early consideration will have to be given to further increases in staff. In the meantime, some arrangements need to be made for integration of the Bureau's activities with the Records Office and with the Library.
11. Lastly, as mentioned above, an intangible but vital need is liaison and close cooperation of the constituent member associations. Some conferences or workshops on economic problems facing dentistry may be desirable soon.

R.M.Grainger , Director

COMMENTS ON THE FUTURE OF THE CDA JOURNAL

1. Very briefly, my long-term efforts will be directed toward increasing the Journal's role as an organ of communication among Canadian dentists without, of course, lessening its scientific status or professional dignity. The first steps must be those which will increase its readability and current usefulness to the practitioners. We will try to develop more features related to practice such as: a clinical question and answer page, a new equipment and materials page, some leisure time activities, open up the classified advertising section as a no-charge service to all CDA members, and improve our local activity reporting, etc.
2. Secondly, I hope to stimulate more communication by generating interest in current national problems. For example, in the coming winter we will feature a series of solicited articles on innovative methods of conducting a dental practice. This is not to give direction but to get the dentists to open their eyes to new concepts that have been developed and proven workable by their own confreres.
3. Thirdly, I am much taken with the idea of improving the esprit de corps among all levels of the dental team. I think the profession will gain much strength if the Journal can broaden its reader base by including features of interest to hygienists, chairside assistants and technicians. I would like them to see themselves and the dentists to see the auxiliaries as vital members of the dental care team.
4. Attaining these objectives depends on making the Journal interesting and useful - because we cannot get any messages across by a journal that is not being read. I feel that hand-in-hand with development along these lines will come security in the financial sense, so that the Journal can eventually become a revenue producer.

R.M. Grainger, Editor

(C O P Y)

LETTERHEAD OF THE CANADIAN ACADEMY OF ORAL PATHOLOGY
c/o Department of Pathology
University of Western Ontario, London, Ontario

May 24, 1973

Dr. Wm. G. McIntosh
Executive Director
Canadian Dental Association
234 St. George Street
Toronto, Ontario

Dear Doctor McIntosh:

At its annual meeting on May 15, 1973, the Canadian Academy of Oral Pathology decided to ask the Canadian Dental Association to act on its previous application for section status in the Association. I would appreciate it if you would ensure that this matter is brought forth again at the 1973 meeting of the Board of Governors.

The history of our application is as follows. Dr. H.A. Hunter applied on our behalf for section status on March 19, 1969. Dr. Langlois, Chairman of the Council and (sic) Constitution and By-laws reported by letter to Dr. Hunter on May 5, 1970 that he now approved of the Academy's Constitution and By-laws as amended and that they would be included in his annual report. This approval was in fact noted by the Council and (sic) Constitution and By-laws in Item 9, page 13 of the 1970 Transactions of the meeting of the Board of Governors. However, Item 10 stated that Board approval of the Academy's Constitution would not be requested until the present moratorium on the recognition of additional sections is lifted. Now that this moratorium has been lifted, the time would seem opportune to a) have the Academy's Constitution and By-laws approved by the CDA and b) recognize the Canadian Academy of Oral Pathology as a section of the Canadian Dental Association.

I would appreciate it if you would direct any reply to this letter to Dr. Ken McMurchy, Faculty of Dentistry, University of Alberta. Dr. McMurchy is the new President of the Canadian Academy of Oral Pathology.

Yours sincerely

(Signed) David G. Gardner
D.G. Gardner, D.D.S., M.S.D.,
Immediate Past President
Canadian Academy of Oral Pathology

DGG/dvp

cc: Dr. Ken McMurchy

EXECUTIVE

(C O P Y)

LETTERHEAD OF CANADIAN ACADEMY OF ORAL RADIOLOGY

Appendix 11.

President:
H.G. Poyton

President-elect:
J.A. Reid

Treasurer:
D.W. Stoneman

Secretary:
A. Ruprecht
Division of Oral Radiology
Faculty of Dentistry
University of Western Ontario
London 72, Ontario

23 July 1973

Miss K.M. Kirker
Executive Secretary/Councils
Canadian Dental Association
234 St. George Street
Toronto, Ontario
M5R 2P2

Dear Miss Kirker:

Although I realize that the Board of Governors has the option to accept or reject recommendations from the Council on Education, I trust that in their wisdom the Board of Governors of the Canadian Dental Association will see fit to award specialty recognition to the field of Oral Radiology. If we can work on the basis of this assumption the next step is to seek section status from the CDA. I should therefore like to know if our Constitution and By-laws can be submitted to the CDA for their approval since any changes in the Constitution would require ratification by the membership. If any changes were deemed necessary it would be much easier for us to obtain ratification of changes at our general meeting in Vancouver in October than to do so by mail. In other words, once Oral Radiology is accepted by the Board of Governors as a specialty area, I should like to have all the information available in order to discuss the Constitution and any changes that might be required on October 14th with the full membership. Your help in this regard would be appreciated.

Thanking you in advance, I remain,

Sincerely yours

(Signed) A. Ruprecht
A. Ruprecht, D.D.S., M.Sc.D.

AR:jm

Appendix 12

(C O P Y)

LETTERHEAD OF THE ASSOCIATION OF PROSTHODONTISTS OF CANADA
5981 University Avenue, Halifax, Nova Scotia

April 18, 1973

Dr. K.J. Paynter, Chairman
Council on Education
Canadian Dental Association
c/o College of Dentistry
University of Saskatchewan
Saskatoon, Saskatchewan S7N 0W0

Dear Dr. Paynter:

For several years, the dearth of academically qualified Canadian prosthodontists has precluded the development of a national organization representing the following objectives:

- i the advancement of clinical practice, teaching and research in prosthodontics;
- ii the provision of dental and auxiliary personnel;
- iii the promotion of public understanding and appreciation of the quality and value of prosthodontic care; and
- iv the development of graduate and post-graduate educational programs in Canada.

Until quite recently, the few Canadian dentists with Prosthodontic qualification would elect to join either the Canadian Academy of Restorative Dentistry or the Canadian Academy of Prosthodontics, although both Academies were essentially organized and run by general practitioners with overlapping if not identical pursuits.

The Canadian Dental Association recognized Prosthodontics as a specialty in 1965 with a limited definition of the specialty. The Canadian Academy of Prosthodontics was granted sectional status and inevitably clinicians with a special interest in Removable Prosthodontics gravitated towards that organization. 1966 saw the founding of the Royal College of Dentists of Canada and practically all the "grandfather" prosthodontists awarded Fellowships were in the field of Removable Prosthodontics.

In retrospect, it is obvious that a golden opportunity to see Prosthodontics in its true broad context - operative dentistry, fixed and removable prosthodontics and maxillo-facial prosthodontics - by gathering representatives of these areas under one group, was ignored. Inevitably, tension between the two academies (Canadian Academy of Prosthodontics and Canadian Academy of Restorative Dentistry) was initiated, and while there was a great deal of talk in the intervening years of the two academies getting together, such initiatives were furtive, and apparently futile.

In the meantime, the broadly defined specialty of Prosthodontics began to attract dentists to its graduate programmes, and the past few years have

EXECUTIVE

Appendix

seen a gradual introduction of academically qualified Prosthodontists into the ranks of University teaching programmes in Operative or Restorative Dentistry, Crown and Bridge or Fixed Prosthodontics and Removable Prosthodontics. Quickly, it became apparent to these qualified individuals that neither the Canadian Academy of Prosthodontics nor the Canadian Academy of Restorative Dentistry could best serve the objectives of advanced clinical education and research in Prosthodontics, as long as two feuding groups of well-meaning general practitioners were competing for specialty stakes.

With this realization in mind the Association of Prosthodontists was formed in September 1971 at the Ottawa meeting. This Association would represent academically qualified Prosthodontists who would seek to pursue the objectives outlined in the opening paragraph of this letter.

In 1972 the Executive Council of the Canadian Dental Association (Minute 21) recommended that the President convene a meeting to study the matter of redefining the specialty areas of Restorative Dentistry and Prosthodontics. The recommendations arising out of that meeting held in Toronto on September 28, 1972 recognized the broad definition of Prosthodontics as consisting of:

- Removable Prosthodontics
- Restorative Dentistry (Operative and Fixed Prosthodontics)
- Maxillo-Facial Prosthodontics

The Association of Prosthodontists recognizes that should your Committee recommend the new definition of Prosthodontics then the Sectional status previously accorded to the Canadian Academy of Prosthodontics will be withdrawn. In view of the fact that the Association of Prosthodontists of Canada represents qualified prosthodontists in Canada, we would respectfully request your Committee to recommend that sectional status in Prosthodontics be accorded to the Association of Prosthodontists of Canada.

You will observe that one of the enclosures is a list of this Association's active members. Its persual will reveal that virtually every qualified Prosthodontist in Canada is a member of this Association. May we add that it is the unanimous view of our Association that both the Canadian Academy of Prosthodontics and the Canadian Academy of Restorative Dentistry should go on existing in their present capacities as sources of continuing education for the Canadian dentist and that this Association is prepared to encourage and help the Academies in carrying out this function. Furthermore, it is our sincere hope that interested parties in those provinces where Prosthodontics is not yet recognized as a specialty will get together to create provincial specialty groups in Prosthodontics. In this manner, freedom for individual provincial determination of criteria for initiating Provincial specialty recognition will be assured. Eventual membership in the Association of Prosthodontists will then be available to the provincially recognized prosthodontic specialist.

The Association of Prosthodontists of Canada is committed to the continuing education of the Canadian dentist and will do its utmost to ensure the fulfilment of this objective.

Respectfully submitted

(Signed) G.A. Zarb
Founding Committee

(Signed) Douglas V. Chaytor
Secretary-Treasurer

FEDERATION DENTAIRE INTERNATIONALE, 1973
SYDNEY, AUSTRALIA

In addition to a very successful scientific and social meeting, with a total attendance of about 4,000 a few of the main features of the meeting were:

- (1) Dr. J.A. Hargreaves of the Faculty of Dentistry, University of Toronto, was a main speaker.
- (2) A search committee has been set up to find a successor to Dr. G.H. Leatherman the Federation's Executive Director.
- (3) Theme for 1974 meeting in London, England, September 8 - 14 will be "The dentist's role in a changing society".
- (4) A new Technical Report Series has been established. The first two will be:
 - (a) Principal Requirements for Controlled Clinical Trials of Caries Preventive Agents and Procedures.
 - (b) Method for Measuring Occlusal Traits.
- (5) The popular FDI Newsletter may in future become an insert in Quintessence International.
- (6) The collaborative study of dental manpower systems in relation to oral health status is progressing.
- (7) There will be no further quinquennial World Dental Congress as separate entities from annual congresses. Henceforth annual World Dental Congresses will be held.
- (8) A mechanism is now available for FDI and ISO to co-operate in establishing standards in dental terminology.
- (9) Dr. Vladimir Rudko, who has served the last six years as Chief Dental Officer of the World Health Organization and who formerly was Chief Stomatologist of the Ministry of Health in Moscow, was admitted to the List of Honour.
- (10) A progress report on Dental Ergonomics and Auxiliaries was presented. The final text will be presented during the London meeting.
- (11) Dr. Hans Freihofer of Switzerland is the new President for a term of two years.
- (12) Dr. Alan Grainger of Australia was elected President-elect.

(13) The four Vice-Presidents are:

Dr. Louis Baume, Switzerland - re-elected
Dr. J.W. Knutson, U.S.A. - re-elected
Dr. W.G. McIntosh, Canada - re-elected
Dr. T. Aggeryd, Sweden - elected

(14) Speaker - Dr. A. Scheinin, Finland - re-elected.

CDA Delegates:

Dr. D.K. Peters
Dr. J.A. Abra
Dr. W.G. McIntosh

Alternates: Dr. H.R. MacLean
Brig. Gen. G. Evans

MANDATORY REPORTING OF CHILD ABUSE
CRIMINAL CODE OF CANADA

The Criminal Code of Canada (Maltreatment of a Child), should be amended by inserting immediately after section 200 thereof, the following section:

"200A. Every person who has reasonable and probable cause to believe that a child has been abandoned, deserted or physically ill-treated, or is in need of protection shall report the cause of such belief to the Director or any supervisor of the Department of Health and Social Development or Children's Aid Society, or a municipal welfare director or a solicitor acting on behalf of the Department of the Attorney General.

This applies notwithstanding that the information is confidential or privileged, and no action lies against the informant unless the giving of the information is done maliciously or without reasonable and probable cause.

Any person who fails to comply, in addition to any civil liability, is guilty of an offence punishable on summary conviction and liable to a fine of \$1000 or to imprisonment for three months, or both."

Comments should be sent to: The Honourable Otto Lang, Minister of Justice, Parliament Buildings, Ottawa; The Honourable Marc Lalonde, Minister of National Health and Welfare, Parliament Buildings, Ottawa, Ontario.

REPORT - EXECUTIVE DIRECTOR

1. Your CDA has a problem. In fact it has a number of problems, any one of which, if left to incubate without effective controls or inhibiting agents, could multiply and infect the life-blood of the Association, making it anaemic, weak and ineffectual as a national association for dentistry.
2. This state of affairs is not of sudden origin. It has, however, increased in intensity over the last four or five years and is now, in my opinion, near the breaking point.
3. There are a number of reasons for it. Details of its historic development are readily discernible for any who would seek them out. The key ones, I believe, are:
 - (a) the basic organizational structure of the Association (no power to implement its decisions and policies). The present structure served the organization well in its early years of operation but has become outdated in the context of professional organizations in the '70's;
 - (b) failure to communicate in a meaningful way the extent and value of the services performed for its members. The vast majority of CDA members do not know what the CDA does. Because of this lack of information, they are apathetic as to whether it expands those services and programs or discontinues them;
 - (c) failure of most individual dentists across Canada to accept responsibility for determining the objectives and proper functions of the national body and failure to assume an equitable financial involvement to support them;
 - (d) the inconsistencies in membership structure required as a result of provincial legislation. Irregularities from province to province with unequal sharing of responsibilities of all kinds make for discontent and inactivity;
 - (e) the inequitable representation of corporate members on the CDA Board of Governors;
 - (f) failure to relate realistically services and programs with revenues and expenditures. The Board of Governors and Councils devise policies and programs to expand services to members without providing the additional funding. In 1968 a five-year projection of services, revenues and expenditures was presented to the profession. It clearly displayed the impossibility of continuing the programs and services then being provided without an increase in the corporate member grants.

Five years later, two-thirds of the dentists in Canada are still not supporting the national grants to the extent that was deemed

necessary five years ago. Programs have suffered. Staff morale has suffered. And, although fixed costs as well as others continue to escalate at an alarming rate, no clear evidence of improving the financial situation is in sight.

4. What then are the major problems now confronting us?

In abbreviated terms, I believe they are:

- (a) how to communicate more effectively with all the Association's publics but particularly with the members of the dental profession;
- (b) how to overcome organizational weaknesses that have been inherited as a result of the BNA Act and our present organizational structure so as to enhance the image of the national association and attract support from the dentists;
- (c) how to overcome the irregularities in membership structure which are being forced upon the Association by provincial legislation and other factors beyond the Association's control;
- (d) how to improve the disparities in representation on the Board of Governors;
- (e) how to motivate the elected officials to participate actively, enthusiastically, knowledgeably and imaginatively in the design and implementation of their Association's programs;
- (f) how to develop a grant or/a dues structure that is equitable and acceptable to the majority of dentists;
- (g) how to determine the services and programs which the members of the Association want to provide for themselves and on their behalf;
- (h) how to set priorities for the services and programs selected that are compatible with staff support and with anticipated revenues.

5. Failure to come to grips with and resolve these basic problem areas will, in the writer's opinion, result in a disorganized, unproductive, ineffective, unhappy Association with which few dentists who take pride in their profession will want to be personally involved.

6. Can the situation be remedied? I believe it can. Success in this venture will, however, require a new dedication on the part of the profession's elected representatives and those who elect them. It will require an openmindedness to consider ways of doing things that we haven't tried before. It will require the courage of conviction. It will require the collective efforts in planning and implementation by all dentists who believe in the need of a national association for dentistry. It will require the financial support of those who believe that dentistry needs a national and an international voice to represent the dentists' interests

at these levels of government and professional relations. It represents a challenge like Canadian dentistry has not faced since 1942. In those days the challenge was faced and won. Today there is a new era and a new challenge. What to do??

7. It may be presumptuous of me to suggest what should be done. I justify such action, however, because as your Executive Director I believe I have a responsibility to share my opinions with you. I therefore make the following proposals for your consideration. They constitute one series of steps that might lead to a solution to some of dentistry's current difficulties.

PROPOSALS:

- (a) that, in the communications area, top priority be given by both the Journal and Public Information departments to extending our intra-professional communications. We must inform the dentists about their national association, its services, programs, problems and possible solutions;
- (b) that the Executive Council or some similar-sized task force appointed by the Council meet for three days in special session, the sole objective being to develop specific recommendations to overcome each of the problem areas referred to above;
- (c) that a report including the specific recommendations developed at the special meeting (b) be prepared and distributed to all Governors, to the Presidents and Secretaries of corporate members and to Council Chairmen;
- (d) that subsequent to the distribution of the report (c) a special meeting of the CDA Board of Governors, plus the Presidents and Executive Directors (secretaries) of the corporate members, plus the Council Chairmen be called - the purpose being to discuss the specific recommendations drafted by the Task Force and to come to a consensus on each;
- (e) that the representatives from the various corporate members undertake to explain and encourage acceptance of each of the conclusions arrived at during the special meeting of the Board of Governors, by their respective provincial organizations and individual dentist members of those organizations;
- (f) that by-laws be drafted to accommodate the new recommendations and presented for acceptance at the next annual meeting of the CDA Board of Governors.

EXECUTIVE

Appendix 16

(C O P Y)

LETTERHEAD OF THE CANADIAN DENTAL ASSOCIATION
234 St. George Street, Toronto, Ontario

MEMORANDUM TO: Members of the Board of Governors
 Presidents and Secretaries of Corporate Members
 CDA Council on Constitution and By-laws

FROM: W.G. McIntosh, DDS, Executive Director

DATE: June 28, 1973

SUBJECT: RESOLUTIONS FROM THE COLLEGE OF DENTAL
 SURGEONS OF THE PROVINCE OF QUEBEC

The following resolutions, approved by the Board of Governors of the College of Dental Surgeons of the Province of Quebec in June 1973, will be presented to the October 11-13, 1973 meetings of the CDA Board of Governors. Because the subject covered is of vital importance to the future of the Canadian Dental Association, you are being provided with advance copies.

- (1) "Moved by Dr. Pierre Surprenant, seconded by Dr. Louis-Marie Breton, ~~that~~ the report of the Executive Council's sub-committee on the status of membership in the Canadian Dental Association * be passed, as amended, by the Board of Governors.

The motion carried: 29 voting for it;
 one abstaining.

- (2) "Moved by Dr. Vincent Dontigny, seconded by Dr. Sidney Silver, that a copy of the report of the sub-committee on the status of membership in CDA* be sent immediately to CDA and that a request be made that CDA change its constitution and by-laws accordingly.

The motion carried unanimously."

* A copy of the report to which reference is made and which was enclosed with the covering letter from the Registrar-Secretary of the College of Dental Surgeons of the Province of Quebec dated June 26, 1973 is attached.

The pertinent CDA by-law is Article V, Section 1.

PHOTOSTATIC COPY OF THE SUB-COMMITTEE REPORT CONTAINED IN A LETTER DATED JUNE 26, 1973 FROM THE REGISTRAR-SECRETARY OF THE COLLEGE OF DENTAL SURGEONS OF THE PROVINCE OF QUEBEC TO DR. W.G. McINTOSH, EXECUTIVE DIRECTOR OF THE CANADIAN DENTAL ASSOCIATION

REPORT OF THE
SUB-COMMITTEE ON THE STATUS OF MEMBERSHIP IN THE
CANADIAN DENTAL ASSOCIATION

The meeting of the sub-committee was held May 31, 1973.

Present were the sub-committee members: Drs. Jacques Fiset, Sidney Silver and Marc Trépanier. Drs. Paul Senécal, Claude Chicoine and Pierre Yves Lamarche also attended the meeting.

Unanimously the sub-committee recommends:

1. that the College of Dental Surgeons of the Province of Quebec remain a "corporate" member of the Canadian Dental Association with the aim of representing the Quebec dental profession;
2. that every dentist in Quebec may join the Canadian Dental Association in an individual and voluntary way;
3. that the by-law of the Canadian Dental Association under which the annual fee was established on a "per capita" basis, be repealed;
4. that the College of Dental Surgeons of the Province of Quebec commit itself financially only for the year 1974-75 from the viewpoint of contributing to CDA;
5. that the College's contribution to CDA be \$45,000.00 in 1974-75;
6. that it be the responsibility of CDA to do its own advertising to our members;
7. that all College representation in CDA be chosen from members of the Provincial Board so as to establish a certain control over the quality and efficiency of its representatives;
8. that in its 1974-75 budget the College take into account the reduction of its contribution to CDA especially as regards the amount of the College's annual fees from its members.

DR. MARC TREPANIER.

HEALTH CARE

MEMBERS: Council on Auxiliary Services: E.F. Allison, Calgary (chairman); D.E. MacFarlane, Vancouver; A.J. Daly, Saskatoon; S. Norquay, Winnipeg; J.A. Alexander, Ottawa; S. Silver, Montreal; D.W. Feeney, Fredericton; D.C.T. Macintosh, Halifax; R.G. Romcke, Charlottetown; R. Quigley, St. John's; Council on Dental Services: R.G. Dickson, Drumheller (chairman); W.D. McDougall, Victoria; J.W. Mackay, Saskatoon; H. Tregobov, Winnipeg; R. Crawford, Sarnia; H. Hamel, Quebec City; J.T. Dowd, Moncton; D.A. Eisner, Halifax; A.D. Crocker, Alberta (representing H.C. Stewart); C.P. Daly, St. John's; Council on Public Health and Preventive Dentistry: C.H. McCormick, Winnipeg (chairman); C.W.B. McPhail, Saskatoon; D.C.T. Bullen, Comox; N.S. Watkins, Ottawa; G.A. Cormier, Moncton. (1972T94)

R E P O R T

INTERIM COUNCIL ON HEALTH CARE

1. The interim Council on Health Care, representing an amalgamation of the Councils on Auxiliary Services, Dental Services, and Public Health & Preventive Dentistry (1972T94), met at CDA headquarters on February 5 - 7, 1973. The sessions were divided to provide opportunity for discussions of matters pertaining to the work of each Council. The third day's sessions were devoted to the development of terms of reference for the new Council on Health Care.

2. Dr. E.F. Allison was elected by the Councils as the chairman of the session which studied Council on Health Care matters.

3. Terms of reference

As directed by the Board of Governors (1972T94), Council developed the following terms of reference. Board action on this resolution will be requested in the report of the Council on Constitution and By-laws:

"That the following terms of reference for the Council on Health Care be referred to the Council on Constitution and By-laws for presentation to the 1973 Board of Governors meeting for approval:

"Council on Health Care:

"The Council on Health Care shall consist of one voting member from each corporate body and one voting representative each from the Canadian Dental Hygienists' Association and the Canadian Dental Nurses and Assistants Association.

"In order to ensure future continuity of policies and actions, the initial terms (normally 3 years) shall be one year for the first three names drawn from a pool of those elected by the Board of Governors to this Council, two years for the next three names drawn, and three years for the remaining four names. In each case

"the member would be eligible for a normal second term of three years.

"It shall be the duty of the Council on Health Care:

- 1) to study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures;
- 2) to study dental health care delivery systems including public health programs and recommend related guidelines for improving the dental health of the people of Canada;
- 3) to study and report on the economics of the various methods of delivering dental health care;
- 4) to study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups;
- 5) to develop and identify resource documents relating to the above duties that can be made available to the corporate members, on request;
- 6) to cause a Canadian dental health index to be established and maintained."

4. CDHA liaison

To ensure continuity of liaison between the Council on Health Care and the CDHA, it was agreed that the CDHA Liaison Officer would be invited to attend the next annual meeting of the Council on Health Care as an observer.

5. Interim Council responsibilities

Members of Council were reminded that their responsibilities remained the same under the present divisions of the interim Council on Health Care and that the three chairmen were still responsible for their Council's activities until the 1973 Board meeting.

Whereas the Council on Constitution and By-laws has been requested to present by-law amendments which would establish terms of reference and composition of the Council on Health Care, and

whereas the proposed composition of the membership of the Council on Health Care is one voting member from each corporate body plus non-voting representatives from each of the CDHA and CDN&AA, and

whereas in the opinion of the Board of Governors each member of the new Council will be required to assume a considerable degree of responsibility as the representative of auxiliary services, dental services, and public health and preventive dentistry in his province, and

whereas the Executive Council is authorized to select the Chairman of the Council on Health Care from among the elected voting members of the new Council, be it

Resolved

that the new terms of reference for the Council on Health Care be amended to permit the CDA President, in consultation with the corporate body from which the Chairman is selected, to appoint another representative to fill the vacancy on the Council.

Adopted

COUNCIL ON AUXILIARY SERVICES

- The Council on Auxiliary Services met for three days in conjunction with the Council on Dental Services and the Council on Public Health & Preventive Dentistry. The meeting was held at CDA headquarters from February 5-7, 1973; all provinces were represented.
- The following persons were also present by invitation, as observers: Dr. T.L. Marsh, Department of National Health and Welfare; Miss Marjorie Weich, President of the Canadian Dental Hygienists' Association; Mrs. B.M. Johnson, CDHA Liaison Officer; Mrs. M. Byers, President of the Canadian Dental Nurses & Assistants Association.

Committee on Dental Technicians

Council again discussed the various problems within the laboratory industry and commended the committee's efforts during the past year. Council also requested that the report of the Committee on Dental Technicians, minus the Committee's recommendations, be distributed to the corporate members for information and appropriate action. The recommendations, agreed to in principle, were referred back to the Committee for further study; they included: publication of the report in the CDA JOURNAL, acceptance by the CDA of the Battelle Report as a working document and for use as a basis for discussion with members of the dental laboratory industry, and the organization by corporate members of grievance committees to hear complaints from the laboratory industry and to encourage better relationships between dentists and laboratories.

Committee on Dental Hygienists

No report was received by Council from this committee due to the resignation of the chairman.

- The CDHA was capably represented by its president, Miss M. Weich, who reported on some of her Association's year's activities and concern on many topics dealing with the provision of dental care. Many of these comments and recommendations are to be considered as resource material for the proposed workshop on dental auxiliaries. (see para. 29)

11. Because of the resignation of the Chairman of the Council's Committee on Dental Hygienists, Mrs. B.M. Johnson reported that no further action had been taken on the proposed video tape, cassette or film which had been suggested last year as an effective means of promoting maximum utilization of dental hygienists.
12. It was also noted that the Nova Scotia Dental Association had not been successful with the production of a tape/film on this subject but that they were in the process of producing a tape/slide (35mm) presentation which could be made available to CDA if considered useful.
13. CDHA representatives agreed to submit to the editor of the CDA cassette program a text on the effective utilization of the services of dental hygienists.
14. Committee on Dental Assistants
A brief report was received from the Committee chairman, who had resigned because of other commitments.
15. Mrs. M. Byers, President of the Canadian Dental Nurses and Assistants Association, made a presentation in which it was noted that the National Dental Examining Board of Canada had been in contact with the CDN&AA regarding the possibility of conducting the CDN&AA national certification program through their facilities.
16. Mrs. Byers included in her remarks the desire to have better communications established between the Council and CDN&AA. She also stressed that most of the internal problems that had caused a rift in their organization the previous year had been solved and that the membership were pleased with the progress made. They have an all-time high of 2,000 members and an active provincial organization in every province except Prince Edward Island where plans are being made to establish an association in 1973.
17. National certification program now includes 228, with 38 new applicants this year.
18. Council was informed that the Council on Education had undertaken the initial evaluation and accreditation of ten dental assisting programs in 1972 and that further programs would be surveyed this year.
19. Council was impressed with the CDN&AA progress this year in all fields and as a result the following resolution is presented for Board approval:

Resolved

that in order to improve the possibility of eventual portability of certified dental assistants across Canada, the Board of Governors encourages the corporate bodies to consider for provincial certification only graduates from programs which have met the CDA's minimum standards for accreditation.

Adopted

20. Fee schedule: dental auxiliaries

The desirability of providing a separate fee schedule for services rendered by auxiliaries was again discussed, with particular reference to duties performed by hygienists through which it might be possible to develop lower patient costs.

21. During the course of discussion, members' attention was drawn to the action of the 1971 Board of Governors (1971T25) in which the principle was approved that no separate fee schedule should be applied for auxiliary-rendered services.

22. Because the economics of utilization of auxiliaries in group and solo practices have not yet been conclusively determined, and in view of other factors such as increased capital expenses and salaries and the desire to consider dental health service as a whole unit, the following resolution is presented:

Resolved

that the Board of Governors supports the principle that fees for dental services provided by qualified dental auxiliaries be consistent with the actual costs of supplying the services.

The Board of Governors does not agree with the wording in the above resolution and recommends that it be amended to read:

Resolved

that the Board of Governors recognizes the principle that fees for dental services provided by qualified dental auxiliaries be related to the actual costs of supplying the services.

Adopted

23. Auxiliary education

Council discussed the development of a vertical hierarchial structure for auxiliaries which would be of sufficient flexibility to permit the selection of alternate employment in the dental health field as well as development within the same ladder of employment.

The above paragraph makes reference to the development by Council of a vertical hierarchial structure for auxiliaries. It is the opinion of the Board that the terms "vertical" and "hierarchial" do not portray the flexibility intended by Council.

24. The following resolution is presented for Board approval:

Resolved

that the Council on Health Care, in conjunction with the Council on Education, at the earliest possible opportunity establish guidelines with short and long term projections applicable to the education, utilization and supervision of auxiliaries.

Adopted

25. These topics will be included in the agenda of the proposed workshop on dental auxiliaries. (see para. 29)
26. Provincial reports
Provincial auxiliary activity reports were discussed at length with Council being unanimous in its concern over the Saskatchewan Government's proposals for a children's dental health plan in that province. This resulted in the following resolution passed by the Council:
27. "Whereas the Saskatchewan Government proposal for a children's dental health program fails to meet the general requirements for effective supervision and control as laid out in CDA policy, be it resolved that the concern of this Council be relayed to the Government of Saskatchewan in the hope that the plan will be reconsidered in light of established policy on utilization of auxiliaries."
28. Northwest Territories Dental Therapist Training Plan
A lengthy philosophic discussion and precis describing the Northwest Territories dental therapist training program and objectives, prepared by Dr. K.W. Davey, the director of the project, was received with interest. Noting that while the program appeared to be lucid and workable, Council expressed concern that the graduates of the program would not be working within established CDA policy on the supervision of delegated duties.
29. Proposed Auxiliary Workshop
In accordance with the directive from the Board of Governors (1972T11), the Chairman of the Council on Auxiliary Services, with power to add, was authorized to proceed with the planning of a workshop conference on dental auxiliaries. Subsequent to the Council meeting, a grant of partial funding was authorized by the trustees of the Canadian Fund for Dental Education.
30. Committee chairmen
The following committee chairmen were appointed for the following year:
Committee on Dental Technicians: Dr. S. Silver
Committee on Dental Assistants: Dr. D.E. MacFarlane
Committee on Dental Hygienists: Dr. J.A. Alexander.

COUNCIL ON PUBLIC HEALTH & PREVENTIVE DENTISTRY

31. The Council on Public Health and Preventive Dentistry met at CDA headquarters on February 5-7, 1973 conjointly with the Councils on Auxiliary Services and Dental Services. Dr. G.A. Cormier had resigned from the Council and was therefore not present at the meeting. Invitations had not been extended to provincial dental directors to attend this year's meeting due to the heavy agenda of the conjoint meeting. Dr. T.L. Marsh, Consultant in Dentistry, Department of National Health and Welfare, was in attendance.
32. The Council conducted its own business on Tuesday, February 6, 1973, with members from the other Councils participating in the discussions. Voting was limited to members of this Council.
33. Bureau of Public Information
A new pamphlet entitled "What Your Family Should Know About Dental Plaque" was produced during the year and placed in circulation.
34. Council expressed its concern regarding the reported lack of use of proper mouthguards, recommending that the Council on Communications (in consultation with the Council on Research) consider the preparation of a pamphlet for public consumption on "Mouthguards for Contact Sports".
35. National Dental Health Week
The participation of all ten provinces in National Dental Health Week was commendable. The Bureau of Public Information supplied corporate members with 10,000 posters, 100,000 pamphlets, 100 kits containing program planning suggestions, radio spot announcements, newspaper articles, suggested talks to adults and students, et cetera.
36. Fluoridation
It was reported to Council that 9.3 million Canadians are not benefitting from fluoridated water supplies. This does not include another 4.7 million Canadians living in areas without community water supplies. The acceptance of fluoridation requires a continual effort to educate the public on the beneficial, safe and desirable results of this health measure.
37. National Dental Health Index
The final report of the National Dental Health Survey undertaken by the Department of National Health and Welfare was reported to be available in March 1973.
38. Council expressed its belief in the worthiness of establishing a valid National Dental Health Index and keeping the Index up to date through continued input from both the provincial dental directors and the dental division of the Department of National Health and Welfare.

Board action in this topic is included under submitted resolution #2.
39. Canadian Dental Hygienists Association
The Council expressed support and encouragement for the establishment of formal liaison with the CDHA and referred the matter to the new Council on Health Care for implementation.

40. Saskatchewan Government Children's Dental Health Program

Council recorded its concern regarding the public health aspects of the proposal for a children's dental health plan in Saskatchewan, supporting the public health principles contained in the CDA Brief to the Advisory Commi

COUNCIL ON DENTAL SERVICES

41. The full Council met at CDA headquarters from February 5-7, 1973 conjointly with the Council on Auxiliary Services and the Council on Public Health and Preventive Dentistry, as part of the interim Council on Health Care. All provinces were represented. In addition, Dr. P.E. Currie and Dr. D.L. Rife attended on the invitation of the chair.

Uniform System of Coding and List of Services

42. Council authorized the ad hoc committee to make further refinements to the revised Uniform Coding and List of Services (1972T25); the second revision is reprinted in Appendix 1. * Additional changes may be made at the time of the Board of Governors meeting in October.
43. The following resolution is presented for Board approval:

Resolved

that the Uniform System of Coding and List of Services presented in Appendix 1* of the Council on Health Care report to the 1973 Board of Governors meeting be approved, in full cognizance of the fact that there may be minor provincial variations, and

that the Council on Health Care be requested to continue the expansion and revision of this List to ensure currency and relevancy.

The Board does not agree with the above resolution and recommends a substitute resolution as follows:

Whereas the Board is of the opinion that comparative studies with coding systems of other national and international agencies should be undertaken and repeated from time to time, be it

Resolved

that the Uniform System of Coding and List of Services presented in Appendix 1 of the Council on Health Care report to the 1973 Board of Governors meeting be approved in principle and in full cognizance of the fact that there may be minor provincial variations, and*

(* not printed; see last resolving clause on next page)

that the Council on Health Care be requested to continue the expansion and revision of this List to ensure currency and relevancy, and

that after Board approval it be left to the discretion of the Executive Council whether to recommend to the corporate members that the Uniform System of Coding and List of Services be adopted.

Adopted

Whereas this List is under continual revision and it would therefore serve no purpose to be published in the Transactions in its present form, be it

Resolved

that (1) Appendix 1 not be published in the Transactions and (2) that the CDA office be instructed to send copies of the current revised list to corporate members and make copies available to individual members on request.

Adopted

Relative Value System of Fee Determination

44. As directed by the Executive Council (1972T99), a sub-committee under the chairmanship of Dr. W.D. McDougall was appointed to (a) study the specific proposals made by Stevenson & Kellogg, (b) consider possible alternative methods for improving the relative value formula, (c) review similar studies that have been made elsewhere and (d) report his recommendations back to Executive Council. Further comments on this subject will be contained in the Executive Council's report to the Board.

Canadian Association of Accident and Sickness Insurers Liaison Committee

45. As the chairman of the Liaison Committee, Dr. D.L. Rife presented his report on a standardized claim form and card. (Appendix 2)
46. The following resolution is presented for Board approval:

Resolved

that the standard claims form and relative documentation presented in Appendix 2 of the Council on Health Care report to the 1973 Board of Governors meeting be approved, and

that it be recommended to the corporate members that the nationally-approved claims form be adopted.

The Board wishes to re-word this resolution and presents the following substitute resolution:

Whereas the information contained in Appendix 2 has been carefully compiled and is of utmost importance to the practising dentist, be it

Resolved

that the standard claims form and relative documentation be approved and

that it be recommended to the corporate members that the nationally-approved claims form be adopted and

that the Editor of the CDA JOURNAL be requested to communicate the information contained in Appendix 2 to our members.

Defeated

On motion from the floor:

Whereas the information contained in Appendix 2 has been carefully compiled and is of the utmost importance to the practising dentist, be it

Resolved

that the new standard claim form and computer card and relative documentation be approved in principle and

that it be left to the discretion of the Executive Council to recommend to the corporate members that the nationally-approved claim form and computer card be adopted.

Adopted

Provincial Highlights

47. These reports were discussed and it was agreed that in future an attempt would be made to present them in a comparative form.
48. Members were asked to forward to headquarters utilization figures for rural incentive grants applicable to underserved areas.

Hastings Report

49. Council members agreed to obtain and report the comments and recommendations of their corporate bodies with respect to the contents of the Hastings Report of the Task Force on Community Health.

CDA Dental Health Plan for Children

50. After careful consideration of alternative suggestions, Council approved the following resolution:

- "Whereas the CDA's Dental Health Plan for Children was designed as a model plan applicable to circumstances as they were in 1968, and
- "Whereas new systems of delivering dental care, and changes in the manpower, beneficiary and cost indices have affected the projections made in the Plan, and
- "Whereas the principles and philosophies of the model plan are still applicable even though the numerical calculations are not, and
- "Whereas individual provinces are developing their own children's dental health plans according to the specific circumstances found in their provinces, and
- "Whereas an updating of all the calculations in CDA's Dental Health Plan for Children would require assumptions of uniform patterns of utilization of dental auxiliaries across Canada which is known to be impractical at this time, and
- "Whereas a detailed updating of the calculations would also require new statistical information presently not available, be it resolved
- "(1) that the ad hoc committee appointed to monitor and update CDA's Dental Health Plan for Children be dissolved;
- "(2) that the new Council on Health Care be responsible for maintaining up-to-date information on the various health delivery systems;
- "(3) that the CDA Bureau of Dental Statistics continue to collect and maintain current information on all statistical components that would normally be required for projections such as were made in the original CDA Dental Health Plan for Children."

Nomenclature

51. Council noted that an FDI publication entitled "Dental Lexicon" was currently available. Until such time as the need for a more extensive glossary of dental terms is apparent, no action will be taken by the Council in this regard.

Studies Relating to Delivery of Dental Care

52. The Oxbow, Sask. project, the PEI project and the Waterloo County, Ontario project reports were discussed and filed for information.

A Study of Group Practice in Dentistry

53. In view of the changes which have taken place in group practice, it was agreed that a revision of CDA's "A Study of Group Practice in Dentistry (1963)" should be undertaken.
54. Dr. J.T. Dowd was appointed to chair this ad hoc committee and to report to the new Council on Health Care.

Medical Care Act

55. As a result of considerable discussion, Council approved the following resolution for presentation for Board approval:

Whereas current federal medicare legislation requires that certain specific services performed by dentists be rendered in hospital in order to be compensable under the Act,

Whereas this discriminates against both the dentist and his patient,

Whereas this discrimination creates an increased utilization of hospital services,

Whereas this restriction of services by dentists can impose an inconvenience to the public,

Whereas this discrimination interferes with the traditional role of the dentist in providing treatment services,

Whereas this discrimination restricts the right of the patient to free choice of practitioner,

be it resolved

that all corporate members be requested to bring to the attention of their provincial governments the implication of this legislation, and press for remedial action.

Adopted

REPORT OF THE CANADIAN ASSOCIATION OF ACCIDENT AND SICKNESS
INSURERS LIAISON COMMITTEE (Committee on Claims Procedures)

1. The report of the committee on claims procedures comes in several parts:
 - 1) a claim form sheet in letter size, 8½" x 11" (page 41)
 - 2) a computer claim card (page 42)
 - 3) suggested procedures for handling all dental insurance (page 29)
 - 4) specific instructions for completing both the computer (page 31) card and sheet standard claim forms, including suggested hazards to dentists in being involved in dental insurance
 - 5) suggested concerns for patients regarding dental insurance (pg.38)
 - 6) suggested form letter to patients explaining claim procedure (pg.39)
 - 7) suggested letter to insurance companies explaining claim procedure. (pg. 40)
2. The Committee is continuing its discussions with the Canadian Association of Accident and Sickness Insurers regarding a few minor points in the development of the claim forms which will not alter the result submitted to you herewith to any appreciable degree.
3. CAASI is understandably concerned however that the acceptance and implementation of the claim form depends almost entirely on the development and approval of a standard procedure code for use all across Canada. They have urged us in the strongest terms to do all we can to stimulate the development and completion of a procedure code as an essential prerequisite to their acceptance of a new standard claim form. They had hoped to be able to introduce the new claim form by this spring but failure to complete the procedure code may cause them to suspend the project indefinitely. May I thus urge you to give the procedure code the highest priority of your committee.
4. The Committee is understandably pleased to be able to submit this to you within the time deadline set for us.

Donald L. Rife, DDS
Chairman

Suggested Procedures for Handling All Dental Insurance

1. Dental insurance is a method by which a patient, upon payment of a premium, will be reimbursed for all or part of the dental fees. The method of payment is a matter between the patient and the insurance company and should not influence the requirements for fulfilling the patient's dental treatment needs. The rendering of dental services is a matter for decision solely between dentist and patient. Satisfactory performance of dental services is the responsibility of the dentist. Payment for these services is the responsibility of the patient.

Appendix 2

Dental insurance can be a very satisfactory method of financing required dental services if not abused by either the insurance industry, the dental profession or the patient.

2. The Association recommends the following general considerations be adhered to by each dentist when treating patients who have dental insurance.
 - (1) Always perform a thorough examination, diagnosis, treatment plan and fee estimate. Keep duplicate or photocopy records of all correspondence and claims submissions with insurance companies.
 - (2) If your treatment plan is satisfactory to the patient, if insurance coverage is assured and if the patient remains qualified for insurance, then proceed in your usual manner.
 - (3) Always discuss insurance coverage before services are performed. If the patient is not aware of the extent of cost coverage it should be explained in detail. The patient must be made aware of limitations of coverage, of deductible portions of coverage, of co-insurance factors and anything else which may influence his responsibility for payment. Although it is the patient's duty to know these things, it is a wise dentist who avoids legal complications by determining that patients understand the degree of their involvement. If tables of allowances or percentage of schedule payments form part of the contract, this should be clearly understood.
 - (4) X-rays (radiographs) should be retained in the dental office. Provincial Codes of Ethics require dentists to maintain records of diagnosis and treatment. In the interests of co-operation, x-rays should be made available for viewing in the dental office at the patient's request. In the event of a dispute concerning fees or services, the x-rays will be available for viewing by your local Grievance Committee on request by the patient.
 - (5) Dental insurance can work for the good of all if properly approached and developed. It cannot be allowed to, nor is it meant to, obstruct the practice of dentistry.
 - (6) Watch for and be wary of certain dental insurance contracts which ask for your signature to become a "participating" or "contracting" dentist. These are legal contracts and if signed place you under strictures and contractual terms which deprive you of some of your legal rights as defined in your provincial Dentistry Act.
 - (7) If the claim form of the Association is rejected because the insurance company demands the use of their form, advise the patient that:

- a) the Association form has all the information required by the insurance company for processing the claim;
- b) that filling out a different form for each insurance company would be confusing, time consuming and would add to the patient's costs for dental services;
- c) the rejected form is being sent to your provincial Dental Association's office on the patient's behalf for clarification with the insurance company.

SEND THE REJECTED FORM AND RELATED CORRESPONDENCE TO THE OFFICE OF YOUR ASSOCIATION. IT WILL THEN BE FORWARDED TO THE INSURANCE COMPANY WITH A LETTER STATING YOUR ASSOCIATION'S POLICY REGARDING CLAIM FORMS.

- (8) If the Association's claim form is rejected because of failure of the dentist to submit x-rays and duplicate x-rays are not required and paid for by the contract, then advise the patient:
- a) why the claim form has been rejected;
 - b) why x-rays alone are insufficient for a proper diagnosis;
 - c) as 7(c) above.

SEND THE REJECTED FORM AND RELATED CORRESPONDENCE TO THE OFFICE OF YOUR ASSOCIATION. IT WILL THEN BE FORWARDED TO THE INSURANCE COMPANY WITH A LETTER STATING YOUR ASSOCIATION'S POLICY REGARDING X-RAYS.

- (9) It is repeated: a duplicate or photocopy of all correspondence and claims submissions to insurance companies should be kept.

Specific Instructions for both the Sheet and the Computer-Card Standard Dental Claim Forms (approved by CDA and CAASI)

1. Where possible, the dentist will fill out the insurance claim on the proper form provided by the patient. The back of the form will be specific for each insurance company who will have had the reverse side specially printed. The dental side of all forms is standardized to minimize dentist/dental assistant difficulties.
2. It is suggested that each dentist keep the blank forms given him by the patients in a letter-size file drawer with dividers under each company name. A notation (as to which company the patient is covered by) on each patient's ledger will tell the dental assistant which form to use. A letter to each company for a supply of their forms would be acceptable to the companies.
3. In all cases, the dentist and his staff are to fill out ONLY the dental side of the claim sheet or claim card. The rest is up to the patient, employer and insurance company.

Appendix 2

4. All information will be accurate, neatly printed, legible, and complete in all details. Please use black photography-type ballpoint pen with a non-smear, extra-fine nib.
5. The dentists and the insurance companies agree that pre-authorization of most claim situations is an expensive, time-consuming and frustrating nuisance; and that most prior authorizations are not needed. This will become more true as insurance coverage becomes more sophisticated. The dentist should be able to eliminate filling out all pre-authorization forms except for the unusual accident cases or complete mouth rehabilitation situations, et cetera, by the following:
 - (1) Have the patient bring his pamphlet (describing his dental insurance coverage) to you at the treatment plan appointment. You can read it in a few seconds and inform the patient as to what parts are covered by insurance and what his share would be, especially on all basic dentistry (such as examination, x-rays, routine restorations, removals, prophylaxis, etc.)
 - (2) There will be certain areas of "doubt" such as jacket crowns, bridges, and partial and/or full dentures. If the booklet does not spell it out clearly and explicitly, tell the patient what the fee will be and for those one, two or three specific items. Have him write them down on a piece of paper, then and there. Tell him to get in touch with his shop steward, employer, or whoever is in charge of his insurance. Emphasize that it is HIS responsibility to ascertain the amount of his coverage and the proportion of those fees for which he would be responsible. Emphasize also that he must inform you at his next treatment visit as to what his treatment choice is to be, and how he wishes to handle that particular part of the financial arrangement.
 - (3) Emphasize that if the insurance company still wishes a specific pre-authorization form to be filled out, that it will be only for those specific items, and that there will be a charge of \$ which you will expect the company to pay in advance. Where payment by the insurance company for written reports is excluded, the patient must be responsible for payment.
 - (4) Where involved accident or legal cases require careful, technical, thoroughly-detailed pre-authorizations, definite treatment planning or diagnosis, and/or detail of procedures and services after they have been rendered, the dentist must make it very clear BEFORE any treatment is commenced that there will be a fee charged for all these written detail services and that it will be proportional

to the time involved - i.e. independent consideration. Again, where contracts do not pay for written reports, the patient is responsible and this must be settled in advance.

As dentists, we fill out the standard claim form as a service for our patient to enable him to claim his insurance benefits. The efficiency of this claim form makes it reasonable that there be no charge to either patient or insurance company for filling out this particular claim form. However, it is also completely reasonable that if additional correspondence, detail, or description is requested in respect to any facet of a claim or other situation then there should be a charge for the extra time and trouble of preparing said report or correspondence and of having it typed and/or sworn to, et cetera. The amount of the charge would depend on the time and trouble, and should be paid by the party requesting the additional information.

DENTIST:

Use a rubber name-and-address stamp (instead of printing) if you wish. Please include city, province and postal code.

SUBSCRIBER'S DATA

Please be careful to ascertain which parent (or other person) is the actual subscriber.

TOOTH CODE:

This claim form is to be used only with the International Tooth Description System approved by the International Dental Federation, your provincial dental association and the Canadian Dental Association.

Permanent Dentition

FIRST NUMBER ON UPPER
RIGHT SIDE '1'

18 17 16 15 14 13 12 11

48 47 46 45 44 43 42 41

FIRST NUMBER ON LOWER
RIGHT SIDE '4'

FIRST NUMBER ON UPPER
LEFT SIDE '2'

21 22 23 24 25 26 27 28

31 32 33 34 35 36 37 38

FIRST NUMBER ON LOWER
LEFT SIDE '3'

Appendix 2Primary Dentition

FIRST NUMBER ON UPPER
RIGHT SIDE '5'

55 54 53 52 51

85 84 83 82 81

FIRST NUMBER ON LOWER
RIGHT SIDE '8'

FIRST NUMBER ON UPPER
LEFT SIDE '6'

61 62 63 64 65

71 72 73 74 75

FIRST NUMBER ON LOWER
LEFT SIDE '7'

Claims filled in using other tooth code designation systems will probably be rejected by the insurance companies.

PROCEDURE CODE:

Please use the Caradian Dental Association Procedure Code system to designate each individual treatment rendered. A conversion sheet to permit your secretary to transpose your chart entries to the CDA codes is suggested. Accuracy is essential. Your chart entries must be clear to her and to the insurance carrier. Where multiple appointments are used for a single service, e.g. a denture or bridge, then only one date (the completion date) and one set of procedure codes are to be used.

Where a bridge or similar procedure is involved, it will be necessary to list each tooth as type of abutment or pontic, etc. via the appropriate procedure code. Also individual fees per tooth should be listed (but with the total lab charge on one of the lines).

TIME IN UNITS: (to be placed under heading "Additional Information re Diagnosis, Procedures or Complications")

Certain procedures (such as general anaesthesia, occlusal equilibration, periodontal treatment, etc.) are all based on a fee for 1/4 hour (1 unit of time) multiplied by the number of units of time required to perform this service.

For this type of service ONLY the time factor involved in rendering the service is to be entered in the time column as a number of units, i.e. 3/4 hour should be entered as 3 (for 3 units). Do not enter it as fractions of an hour.

LABORATORY CHARGE- DENTIST'S FEE

It is essential that you separate the laboratory charge from the dentist's professional fee. They must be entered in their respective columns and in the total charge (laboratory charge plus dentist fee) entered in the total charge

charge column. Where several laboratory charges may occur (as in a denture) then the laboratory charges are to be consolidated into one total laboratory charge.

The laboratory charge column is to be used ONLY where a laboratory charge (and therefore a separate professional fee) are involved. In-office laboratory services may not be charged to "lab charges".

TOTAL CHARGE:

Where no "laboratory charge" (plus separate dentist's fee) is involved in a service, use only the "total charge" column for the "fee for service".

FOR DENTIST'S USE ONLY:

This section is to be used only for additional information concerning diagnosis, procedures, or complications of some item listed above.

It is to be used for items such as orthodontic or periodontal surgery description. The orthodontic or other fees would be entered in the "total charge" column (with dates, etc.)

Especially in accident cases, the dentist usually must write a letter to the insurance company regarding the possibilities of future endodontics, jacket crowns, or other major treatment to the injured tooth or teeth in the area (upper or lower, adjacent to the traumatized tooth or area). This information section on the claim form is to be used for this purpose INSTEAD of using a separate dictated letter. This should simplify the claim form and yet fully protect the patient. There is no way that this notation can be separated from the main form (as a letter could). It is also suggested that you give the patient or the parent a copy of the claim form so that they know what is written in the "additional information" section. It is important (and very good public relations) that the patient or parent (or both) be informed as to how you are trying to protect the patient (or parent) in the future. Included in this would be a minimum time length that a claim should be kept "open" so future claims that are a direct result of this accident could be submitted to and paid by the insurance company.

ASSIGNMENT:

REGARDLESS of whether you will or will not receive payment from the insurance company, be sure to have the insured party sign the "release of information" statement on the form.

If your arrangement with the patient is such that you will receive payment from the insurance company, then be sure to have the insured party also sign the payment assignment section on the form.

With both the "assignment" and the "release" BE CERTAIN that the insured party (subscriber) signs them.

On the computer-card claim form, the "assignment" and "release" section are on the back of the card.

Appendix 2

The patient is responsible for payment of his dental treatment irrespective of whether he had insurance coverage or not. The individual dentist must decide for himself to:

- a) collect the full amount directly from the patient who can be reimbursed by the insurance, or
- b) to make an arrangement with the patient to assign his insurance benefits as payment on his account, plus to pay any differences (or co-insurance portion) directly to the dentist during treatment.

WHERE THE DENTIST DECIDES TO HAVE THE PATIENT PAY HIM DIRECTLY AND NOT TO ACCEPT THE ASSIGNMENT OF THE INSURANCE BENEFITS, THE SECRETARY MUST NOT CROSS OUT THE ASSIGNMENT SECTION ON THE CLAIM FORM. THIS IS MOST IMPORTANT BECAUSE THE INSURANCE COMPANIES REALIZE THAT THERE IS NOTHING TO PREVENT THE PATIENT UNILATERALLY CROSSING OUT THE ASSIGNMENT, GETTING THE CHEQUE, AND THEN LETTING THE DENTIST WAIT TO BE PAID. THEREFORE THE POLICY OF THE INSURANCE COMPANIES IS TO PROTECT THE DENTIST FROM THIS TYPE OF DUPLICITY BY REJECTING ANY CLAIM WHERE THE ASSIGNMENT IS ALTERED IN ANY WAY. THUS THE DENTAL OFFICE MUST STAPLE A RECEIPT OR PHOTOCOPY OF THE PAID STATEMENT PLUS A NOTE ON LETTERHEAD (SUCH AS ON A SCRIPT PAD) STATING THAT "THIS ACCOUNT HAS BEEN PAID. PLEASE PAY THE PATIENT" AND SIGNED BY THE SECRETARY FOR THE DOCTOR.

If the cheque is received by the dentist when part of it should go to the patient, it is a simple matter to credit part and remit the balance to the patient by office cheque. If the entire amount is due the patient, the dentist can simply endorse it as an assignment - i.e. "I hereby assign this cheque solely to the credit of _____", (followed by the dentist's signature) and forward it to the patient. Be sure proper accounting practices are followed; otherwise you may be assessed for income tax on these items.

SUBMISSION OF CLAIM:

Please arrange to have the patient fill out the complete back side of the claim form as well as signing the appropriate places on the dental side (on the back of the claim card) . Be sure to put an "x" (in red ink possibly) to indicate where a signature is expected. This will cause the insurance company to reject the claim form if the patient (deliberately) omits signing the assignment in the hope of getting the cheque himself.

Then have him forward the claim to his employer (or to whatever agency he is supposed to send it) for rapid handling. Please make sure that the patient understands he must do his part promptly.

It will be up to your business assistant to diplomatically inform the patient that three to four weeks is more than sufficient time

between the sending of the claim and the receiving of the remittance from the insurance company, and that if he is prompt in turning in the claim, the insurance company can easily remit within that period. Also, we suggest that if payment is not received from the company within this reasonable interval that the patient be contacted either to expedite the payment, or to pay it himself and wait for the insurance reimbursement.

It is recommended that you forward claims during treatment - ideally at one month intervals, as you would monthly statements. Contracts can expire and coverage can be lost due to layoffs or job changes. In most cases, the patient will not be in the office at the time the claim form is filled in. This will necessitate the claim being mailed to him. Be sure to include a letter of explanation to the patient with the claim form - sufficiently detailed that he realizes exactly where he must sign, that he must fill in the back, and that he must then turn in the claim form promptly to the correct place. We suggest a practical, brief, printed form letter (with tick-off boxes on it) to facilitate conveying this information, as it will be needed for most claims and this will minimize your assistant's time involved.

SUGGESTION:

Be sure to note on the patient ledger the date you send a claim off - for whom, and covering from to

Without this, it would be easy to send in claims for the same items TWICE (which could cause you problems) or NOT to send in a claim because you thought you did already (you do wish to receive payment and you don't wish to have an angry patient).

SUGGESTION:

IT IS PRUDENT TO KNOW AND TO HAVE ON RECORD EXACTLY WHAT IS PUT DOWN ON EACH CLAIM FORM. THERE WILL BE TIMES WHEN IT IS NECESSARY TO REFER BACK TO A CLAIM ALREADY SENT IN FOR A PATIENT.

The fastest, minimum time-and-trouble way is to photocopy the finished claim form before you send it out of the office. File the copy under an A to Z file index in a letter-size filing drawer. Then it will be quick and easy to retrieve it if needed. You might keep the claims for up to a year. Sorting through the file yearly will prevent it becoming over-loaded (hard to locate a given item rapidly).

Perhaps a claim has gone astray. Instead of having to make up a new one from the very beginning, simply photocopy your copy and forward it.

Appendix 2

Perhaps there is a query over an entry on the form. You would have the copy right in front of you to permit an answer with complete accuracy.

It can also be a verification that a claim was forwarded.

Suggested form letter to patients explaining claim procedures:

(Dentist's letterhead)

"Dear

Facts About Dental Insurance

We are in full agreement with the principle of dental health care insurance but there are many different policies some of which do not pay all your dental expenses.

The best dental service is based on friendly, mutual understanding between dentist and patient. In order to ensure this understanding, our policy toward dental insurance is as follows:

- (1) Your insurance company or carrier has an obligation to you. You pay for this protection. Their obligation is stated in your policy or contract. Therefore, they pay you only to the extent of their liability. Please make certain that you understand any *limitations* in your contract.
- (2) If you have a contract that will take care of all or part of the charge for completed dental treatment, we will be glad to provide you with a dental claim form which you may file with your insurance company or carrier so that you may be reimbursed to the extent of their liability.
- (3) Your obligations are:
 - (a) to submit the required claim form to the insurance company or carrier when treatment is completed;
 - (b) to understand that you alone are responsible for payment.

We invite you to discuss frankly any questions regarding dental service or fees."

Suggested form letter to patients explaining claim procedure:

(Dentist's letterhead)

"Dear Patient:

Enclosed is your insurance claim form(s) for the recent period of treatment.

- ☐ Sign the assignment of benefits on the enclosed form.
- ☐ Fill in the employee statement on this form.
- ☐ Attach your own company claim form to this standard form and fill in the employee statement on your form.
- ☐ Turn the completed form in PROMPTLY to your employer, union, or agency as indicated in the instruction booklet provided by your employer or union.

- Please be sure that your employer will promptly complete his portion and forward it to the insurance company. If
- ☐ this is all done without delay, the insurance cheque will arrive in less than 30 days from the time we send you the completed claim.

We would like to remind you that you are responsible for your account. We may have made an arrangement with you to accept the assignment of your insurance benefits toward payment of your account. This is fine provided we receive payment from the insurance company within 30 days of sending you the claim form.

However, if payment is not received from the insurance company within the 30 days, we will expect you to pay the account at that point, and to chase the insurance company for reimbursement. Of course, if we receive the insurance cheque after you have paid your account, we will endorse the cheque over and forward it to you immediately.

Where the insurance benefits do not cover all of your account, we will send you a statement indicating the balance which you must pay, and we will expect your prompt remittance.

Yours sincerely..."

Appendix 2

Suggested form letter to insurance company explaining
claim procedure:

(Dentist's letterhead)

"Dear Insurance Company:

Although I am pleased for my patient that he has dental "insurance" to defray his investment in dental treatment, the agreement as to treatment to be rendered, fees, and payment etc. is strictly between the patient and dentist. Reimbursement (including insurance payments to the dentist) is between the patient and the insurance company.

Even though it is a specific, extra service not done for every patient, it is our pleasure to fill out a claim form for any patient to permit reimbursement from you, provided that it does not require an unreasonable amount of staff (or dentist) time. Unfortunately, there is a plethora of insurance claim forms and plans. The resulting confusion has taken a considerable amount of staff and dentist time. Therefore, we have had to develop an office policy on dental insurance claims.

The Canadian Dental Association has a standard claim form which has been adopted by most insurance companies. Also the International Dental Federation, the World Health Organization, Interpol, the International Standards Organization and the CDA have all adopted a standard tooth identification system in computer terminology.

Therefore, our office will fill out the standard Canadian Dental Association claim forms using the new international designation system and the Canadian Dental Association fee guide procedure codes. There will be no charge for filling out this claim form in this fashion. If any other claim forms or additional data, legal letter or description are required, then a charge will be made for this additional time and trouble required. (The minimum charge will be \$5.00). It is logical that any such charge should be paid by the company or agent requesting the special form or additional information, rather than the patient.

We feel that this is the only way that we can be fair to our non-insurance patients as well as to our insurance patients. I trust you will understand and that this will be acceptable to you.

Most cordially..."

HEALTH CARE
Appendix 2

A P P R O V E D B Y C D A A N D C A A S I

me in units

Signature of
Subscriber

All information recorded on this form is confidential.

Appendix 2

Standard Claim Form Approved by CDA & CAASI		Subscriber's Last Name; Given Names				Patient's First Name		Relationship to Subscriber			
		Date of service			Tooth	Procedure	Lab	Dentist's	Total	Agency use only	
Day	Mo.	Year	Code	Code	Charge	Fee	Charge				
Authorized staff				Soc. Ins.							
member's signature				No.							
This is an accurate statement of				Total sub-							
services rendered & fees charged				mitted fee →							
Dentist use only: for additional information relating											
to diagnosis, procedures or complications											
All information on this card is confidential											

For agency use only

Signature of subscriber _____

HOSPITAL SERVICES

MEMBERS: K.C. Bentley, chairman, Montreal; S.M. Claman, Winnipeg, G.K. Hurd, Kitchener; A.G. Parnell, London; P. Surprenant, Sherbrooke.

R E P O R T

1. The Council on Hospital Services met at CDA headquarters on February 26-27, 1973. All members were present except Dr. Surprenant. Mrs. Henry Annable, President of the Canadian Cerebral Palsy Association, Mrs. Frank Bott, Vice-President of the Canadian Hemophilia Society, and Miss Doris Allard, Executive Secretary of both these associations, attended a portion of the meeting at the invitation of the Council. Discussion ensued on matters relating to dental care of hemophiliacs and cerebral palsy patients and this dialogue permitted considerable insight into the many problems associated with the provision of dental care to these patients throughout the country. (see para. 26-28)

SURVEY OF HOSPITAL DENTAL SERVICES

2. Council received applications from the following hospitals to evaluate their dental services; these surveys were performed during the past year.
 - 1) Children's Hospital, Vancouver, B.C.
 - 2) Vancouver General Hospital, Vancouver, B.C.
 - 3) Hamilton Civic Hospital, Hamilton, Ontario
 - 4) Winnipeg Children's Hospital, Winnipeg, Manitoba
 - 5) Toronto Western Hospital, Toronto, Ontario
 - 6) Montreal Children's Hospital, Montreal, P.Q.
 - 7) Hôpital Ste-Justine, Montreal, P.Q.
 - 8) Hôpital de l'Enfant Jesus, Quebec City, P.Q.
 - 9) Dr. Charles A. Janeway Child Health Centre, St. John's, Nfld.
3. At their February meeting, Council resolved that a list of accredited dental services and internship and residency programs, with relative accreditation classifications, would be made available annually to the Board of Governors. It was decided that the 1973 Council report would contain such information retroactively. The names of programs which have been denied accreditation will not be made public and in the cases of provisional approval awards, the reasons for the awards would not be given except to the administrators of the hospital program concerned.
4. As of March 1, 1973 the following dental services had been evaluated by the Council on Hospital Services of the Canadian Dental Association. Date on which the validity of the accreditation award expires is available on request from the Council secretariat.

Name of Hospital

Accreditation Status

Children's Hospital, Vancouver, B.C.
Vancouver General Hospital, Vancouver, B.C.
cont'd

approval
provisional approval

HOSPITAL SERVICES

Name of Hospital cont'd

Accreditation Status

Winnipeg General Hospital, Winnipeg, Man.	approval
Winnipeg Children's Hospital, Winnipeg, Man.	approval
St. Joseph's Hospital, London, Ont.	approval
Hamilton Civic Hospital, Hamilton, Ontario	provisional approval
Toronto General Hospital, Toronto, Ont.	approval
Doctors' Hospital, Toronto, Ont.	approval
Scarborough General Hospital, Scarborough, Ont.	approval
Hospital for Sick Children, Toronto, Ont.	approval
New Mount Sinai Hospital, Toronto, Ont.	approval
Toronto Western Hospital, Toronto, Ont.	approval
Ottawa Civic Hospital, Ottawa, Ont.	approval
Montreal General Hospital, Montreal, P.Q.	approval
Montreal Children's Hospital, Montreal, P.Q.	approval
Royal Victoria Hospital, Montreal, P.Q.	approval
Reddy Memorial Hospital, Montreal, P.Q.	approval
Hôpital Notre-Dame, Montreal, P.Q.	provisional approval
Hôpital Ste-Justine, Montreal, P.Q.	provisional approval
St. Mary's Hospital, Montreal, P.Q.	approval
Hôpital de l'Enfant Jesus, Quebec City, P.Q.	approval
Victoria General Hospital, Halifax, N.S.	approval
Izaak Walton Killam Hospital, Halifax, N.S.	approval
Deer Lodge Hospital, Winnipeg, Manitoba	approval
Shaughnessy Hospital, Vancouver, B.C.	approval
Dr. Charles A. Janeway Child Health Centre, St. John's, Newfoundland	approval

5. Council is currently reviewing its list of internship and residency programs with respect to accreditation status. A complete list of these programs will be included in the next report of the Council. During the past year the following dental internship programs were surveyed:

Name of Hospital

Accreditation Status

Vancouver General Hospital: rotating dental internship	provisional approval
Winnipeg Children's Hospital: straight internship in paedodontics	approval*
Toronto Western Hospital: rotating dental internship	approval
Montreal Children's Hospital straight internship in paedodontics	approval*

(* approval of this internship does not constitute approval of a postgraduate specialty training program in paedodontics)

6. During the 1973-74 Council year, the dental services of twenty-one hospitals are due for re-survey or have requested initial survey. Council has selected individuals to carry out these evaluations on their behalf. Programs which have received "approval" status are normally re-surveyed within three years; "provisional approval" usually carries a term of one year, after which the administrators of the program are encouraged to request a further survey.

HOSPITAL SERVICES

7. Council secretariat has been asked to compile a pool of names of previous surveyors as well as administrators of surveyed programs, from which the Council could select future evaluators.

REQUIREMENTS FOR THE APPROVAL OF HOSPITAL DENTAL INTERNSHIPS

8. It is the Council's intention to incorporate in the previously-approved "Guidelines for Dental Services in Hospitals" (1967T116) the statement attached as Appendix 1 to this report, entitled "Requirements for the Approval of Hospital Dental Internships". The following resolution is presented for Board approval:

RESOLVED

that the statement entitled "Requirements for the Approval of Hospital Dental Internships" presented to the 1973 Board of Governors meeting be approved for incorporation in the "Guidelines for Dental Services in Hospitals".

Adopted

JOINT DOCUMENTATION WITH COUNCIL ON EDUCATION ON INTERNSHIPS & RESIDENCIES

9. Council, being aware of the Board of Governors' resolution in 1971 (1971T111) urging collaboration between the Councils on Hospital Services and Education with respect to internship and residency documentation, appointed the Chairman, Dr. Bentley, to meet with the representative of the Council on Education, Dr. H.T. Oliver, to develop material along these lines. The Committee's suggestions respecting terminology and guidelines were accepted by the Council on Hospital Services and by the Committee on Survey Policy on behalf of the Council on Education.

CERTIFICATE OF INTERNSHIP

10. As reported to the Board in 1972 (1972T118) Council surveyed all CDA-approved hospitals to enquire if issuance of a "certificate of internship" stating that the intern had completed a CDA-accredited program would be desirable. Majority opinion expressed through the survey and by members of Council indicated that such a certificate would be duplicated effort, inasmuch as most hospital programs already issue internship certificates. No further action therefore will be taken at this time.

CERTIFICATE OF APPROVAL

11. Council has revised its Certificate of Approval, issued to surveyed programs which meet the minimum requirements of the Council. The Certificate will now read: "The Canadian Dental Association hereby

HOSPITAL SERVICES

certifies that the .. (dental services, or internship or residency program) of the .. (name of hospital), having met all the requirements of the Council on Hospital Services, is granted this certificate of approval by the Board of Governors for a period of three years."

12. These certificates will be issued in both English and French versions, will bear the dates of the announcement of accreditation award, and will be signed by the President and Executive Director.
13. Whereas no term of approval had existed previously for accredited dental internship and residency programs, Council resolved that such term would be for a period of three years.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

14. During the 1972 Board of Governors' meeting, a resolution was approved (1972T118-119) directing that if an invitation were not received in 1972 for the CDA to assume a seat on the CCHA the Council on Hospital Services should reassess the role of the CCHA in relation to hospital dental services and make recommendations accordingly to the 1973 Board meeting.
15. Because CCHA functions were under review by the CCHA itself at the time of the February meeting of the Council on Hospital Services, and because a CCHA executive level meeting was scheduled for March 22 which was possibly going to be of some assistance to the CDA Council in deciding which direction to take regarding this matter, it was decided to conduct a mail vote of the Council members following distribution of the report of the CCHA meeting.
16. In summary, at the CCHA meeting there was protracted discussion on the future of the Canadian Council on Hospital Accreditation and on the nature of its corporate organizational structure and membership. The relationship of the CCHA to the federal government (in view of the recent activity of the Health Accreditation Commission of Canada), the question of more or less involvement with provincial authorities, and the need for a more effective contact with the allied health groups occupied a major portion of the agenda time. A new advisory-liaison-communication structure is to be developed on a positive and formal basis, and it has been suggested that the CDA would be invited to form one of the first sub-committees to establish a continuing channel of communication and provide an instrument of co-ordination.
17. As the terms of reference for such a possible sub-committee structure are not available at time of writing this report, Council members - through the mail vote - have decided that no further action will be suggested to the Board until the results of the sub-committee structure are evaluated.
18. The Canadian Council on Hospital Accreditation and the Canadian Hospital Association are regularly advised of the programs which have been surveyed by the CDA Council, together with the classification of accreditation which has been awarded to each program.

SURVEY OF HOSPITALS IN CANADA

19. In an attempt to determine the extent of dental services offered in Canadian hospitals, and to provide a base for the accreditation program of this Council, a short questionnaire was mailed to every Canadian hospital of 200 beds or more. Of the 248 questionnaires mailed, 217 replies were received. Of these, 185 hospitals had dental services available and in 169 of these hospitals there was an established dental service. It is interesting to note that of all these dental services, only 25 have been accredited by the Canadian Dental Association.
20. These data indicate to Council that if surveys are to be meaningful there is abundant work ahead and the present mechanism for doing so probably will not permit very realistic surveys to be conducted. Some mechanism will probably have to be developed through the Canadian Council on Hospital Accreditation to assist in the survey of these programs, or necessary funds will have to be provided by the CDA.

DENTISTRY IN EXTENDED CARE CENTRES

21. The 1972 Board meeting approved a resolution (1972T119) directing that attention be given to the provision of dental care to patients in extended care centres (chronic and convalescent hospitals, nursing homes, etc.) and that the federal government be approached with respect to funding efforts in this area.
22. Council has learned from the Assistant Deputy Minister, Health Programs Branch of the Department of National Health and Welfare, that until such time as additional statistics on the dental health status and needs of the various population groups in extended care centres are known, no solution can be offered by the government. The following resolution is presented for Board approval:

RESOLVED

that the Board of Governors approves the encouragement of the profession through its corporate members to become involved actively in the delivery of dental services in extended care centres, and

that, through local dental societies, statistical data relating to dental care requirements and population groups in these centres be accumulated by the corporate bodies for forwarding to the Council secretariat for collation.

Adopted

23. If the Board of Governors approves the collection of such information, Council will provide the corporate bodies and local societies, if appropriate, with a list of questions for collecting these data.

CANADIAN HOSPITAL ASSOCIATION

24. Dr. S. Claman represented the Association at the 1972 annual meeting of the Canadian Hospital Association held in Winnipeg in May, and Dr. K.C. Bentley attended the annual meeting of the CHA at its joint meeting with the International Hospital Association held in Montreal in June, 1973. It is the feeling of the Council that because there is little material pertaining to dentistry or dentally-related topics at these meetings, some attempt should be made to have topics of this nature included on future agenda. Council has informed the Canadian Hospital Association that it is willing to be of assistance in this regard.

COURSE IN HOSPITAL DENTISTRY

25. Dr. Parnell reported on a very successful course in Hospital Dentistry held in London, Ontario in November 1972. The Council feels that it is important for the dental profession to be aware of procedures associated with the practice of dentistry in hospitals and has recommended to the CDA Conventions Committee that the subject of Hospital Dentistry be considered as a topic in the 1974 program. An offer of assistance in the development of the project by the Council was positively received by the Committee.

DENTAL CARE FOR HEMOPHILIACS AND
DENTAL CARE FOR THE CEREBRAL PALSID

26. Mrs. Frank Bott, Vice President of the Canadian Hemophiliac Society, and Mrs. Henry Annable, President of the Canadian Cerebral Palsy Association, attended a portion of the Council's meeting in February. Miss Doris Allard, Executive Secretary of both associations, was also present.
27. Recognizing the problem of education of patients and dentists with respect to the treatment of hemophiliacs, Council agreed that Mrs. Bott and Dr. Claman should ask Dr. D.F. Duperon of the University of Manitoba dental school to prepare an explanatory scientific article on the treatment of hemophiliacs, such article to be submitted for publication in the JOURNAL OF THE CANADIAN DENTAL ASSOCIATION.
28. Council expressed concern regarding inadequate dental care for cerebral palsy patients, particularly adults. In an attempt to assist the Canadian Cerebral Palsy Association to solve this problem, Council has requested the Association to provide them with statistics relating to the number and general geographic location of patients, what dental departments are now providing dental care, and if centres could be established, how many would be required and in what locations. When this information has been obtained, Council will attempt to provide some assistance to this Association.

REQUIREMENTS FOR THE APPROVAL OF
HOSPITAL DENTAL INTERNSHIPS

(no formal postgraduate affiliation)

I. Introduction:

An internship is a form of hospital or clinic-oriented experience of approximately one year's duration fundamentally designed to offer the dental graduate special opportunity for advanced clinical experience and education beyond the undergraduate level. (1972T117)

Its prime objective is to bring additional professional skill, knowledge and experience, and confidence in the decisions taken in their application. The intern situation permits, perhaps for the first time, the treatment of patients from the examination phase to patient dismissal with the advice and guidance, where needed, of senior staff members especially qualified in their fields as specialists and teachers.

Therefore, the hospital and particularly the dental staff have certain responsibilities which they must be prepared to accept.

For example, the type of program to be conducted in the hospital will be influenced by the number and qualifications of the dental staff members responsible for supervising the training of the interns. A careful study will need to be made of the amount of time that the dental staff members can give to their teaching responsibilities throughout the year. In addition, it should be determined in advance whether the number and type of patients available for teaching purposes will be adequate and whether arrangements can be made for additional training in the basic sciences.

Supervision of the program is of the greatest importance. The supervisor must be of the highest ethical and educational qualifications so that he may impart to the intern the finest professional character.

II Types of Training Programs

Two types of programs are recognized.

- a) Rotating: This type covers the general practice of dentistry.
- b) Straight: This type covers one major field of dentistry with associated subjects. This type is adaptable to specialist training.

A hospital may seek approval for one or both of these types.

III. Purpose:

A dental internship should be so conducted as to provide adequate educational opportunities for the candidate rather than providing primarily a service to the hospital.

It should provide an educational experience in a hospital which will include not only a year's practical experience in general dentistry, but also familiarization with other hospital services and routines. It should impress upon the intern the importance of oral care in relation to over-all patient health.

The importance of a close relationship between dentist and physician should be stressed. The foundation for the relationship can be broadened by lectures and demonstrations by personnel of various departments with special emphasis on medical service as applied to dentistry.

IV. Training:

A rotating internship should be so arranged that by the end of one year of service the dental intern will have achieved the following:

- 1) Developed experience in the recognition of abnormalities and diseased conditions in the jaws and associated structures requiring surgical or medical treatment and in the ability to make a complete diagnosis of those diseases and disorders usually treated by the dentist in his private practice.
- 2) Developed experience in the ability to make a diagnosis and prognosis in the rehabilitation of the patient and restoration of the teeth and structures in the oral cavity.
- 3) Developed experience in the techniques in the field of oral roentgenology.
- 4) Increased his ability to recognize oral manifestations of systemic diseases.
- 5) Developed experience in the understanding of the pathology of the oral tissues including tumours.
- 6) Developed experience in the evaluation of the patient's physical ability to undergo anaesthesia, general or local.
- 7) Developed experience in the employment of surgical judgment in regard to the time for and extent of oral surgery safest for the patient.

- 8) Increased his understanding of the value of and indications for the hospitalization of patients who require oral surgical procedures.
- 9) Developed experience in the prevention of shock during or following dental operations and in the treatment of the patient when shock occurs.
- 10) Developed experience in the treatment of (a) haemorrhage associated with the removal of teeth and wounds occurring in the mouth; (b) abnormalities of the oral cavity such as irregular or excessive alveolar process, exostosis and tori; (c) acute inflammatory conditions arising about the teeth and associated structures; (d) chronic periapical infections and their sequelae; (e) wounds and injuries of the soft tissues of the oral cavity; (f) root fragments and foreign bodies about the alveolar process; (g) fractures of the maxilla and mandible; (h) dislocation, subluxation and other disturbances of the temporomandibular articulation; (i) benign tumours and cysts of the jaws; (j) salivary duct calculi; (k) incision and drainage of cellulitis and abscesses of dental origin.
- 11) Developed experience in the use of drug therapy as it applies to diseases of dental origin.
- 12) Increased his knowledge of the principles of irradiation therapy.
- 13) Developed experience in the administration of regional anaesthesia for dental operations.
- 14) Developed experience in the conduct of post-operative care.
- 15) Improved his skill in the techniques of operating in the field of restorative dentistry and periodontics.
- 16) Improved his skill in the techniques of constructing facial and/or oral prosthetic restorations as a rehabilitation measure in the maxillo-facial surgery.

In the straight type of program it will not be necessary for the candidate to achieve all of the objectives listed above, but only those categories that apply to the particular type of program in which he is participating.

V. General Scope of Training:

The dental intern will be expected to assist in the care of patients and to have charge of the treatment of some patients under the supervision of the hospital dental staff.

His educational program should include examination and dental care of patients, the taking of case histories and the preparation of diagnostic charts; acting as assistant in the operating room for oral surgical operations, the performance of minor operations under supervision; attendance and participation in appropriate staff meetings and conferences.

It is important that the dental service and the dental intern form an integral part of the hospital and that the dental intern enjoy equal status with his medical confreres. It is expected that the hospital will give special attention to such items as preparing a contracting agreement, and acquainting the intern with the rules and regulations of all interns, residents and staff of the hospital.

VI. Hospitals Eligible for Approval:

In order for a dental internship to be eligible for accreditation, the hospital in which it takes place must be accredited by the Canadian Council on Hospital Accreditation and the dental service must be approved by the Council on Hospital Services of the Canadian Dental Association.

VII. Application for Approval:

Hospitals that desire approval of dental internship programs should apply to the Council on Hospital Services of the Canadian Dental Association, 234 St. George Street, Toronto, Ontario. M5R 2P2

VIII. Method of Assessment:

The application for approval will be studied by the Council and after an on-site visit has been made, a decision will be rendered.

The decision may be approval, provisional approval, or non-approval. In the case of non-approval, reasons for this decision will be forwarded to the hospital authorities in question in order that the hospital might improve its program to a position that approval may be given

MEMBERS: D.C. Way, chairman, London; C.L. Moran, Montreal; R.A. Hugill, Toronto; R. Rasmussen, Calgary; D.C. Steeves, Moncton; O.F. Wright, Vancouver; F.J. Furlong, Windsor.

R E P O R T

1. The Council on Insurance and Investment held two meetings during the 1972-73 term: November 30-December 1, 1972 and May 31-June 2, 1973.
2. Three days were required for the second meeting primarily as a result of the increased business being handled by the Council. Extra time was also provided to allow for full participation on the part of representatives from provincial insurance committees who had been invited to attend the meeting.

REGISTERED RETIREMENT SAVINGS PLAN

3. In accordance with the Board decision (1971T116) to add two additional investment funds, namely an interest fund in the registered section and an equity fund outside the registered plan, Council in cooperation with the Royal Trust Company has established the interest fund but continued difficulty has been encountered in the establishment of the non-registered equity fund as a result of tax legislation.
4. The Royal Trust Company has not yet been able to obtain final clarification concerning the handling of the capital gains tax and has advised Council that until such clarification is forthcoming it would not be wise to proceed. The Royal Trust, however, indicates that the matter should be resolved very shortly and Council is confident that the new equity plan will be in operation in the near future.
5. In the first quarter of 1973, units in the common stock fund reached an all-time high of \$31.499 and fixed income fund units reached a record high of \$13.960.
6. During the 1972 taxation year, 280 new accounts were opened as compared with 149 in 1971. Contributions in 1972 increased 69.7% as compared to 1971. The market value of the assets of the plan at February 1973 was \$14,515,600 - an increase of 18.2% for the year.
7. The promotional fund which commenced in February 1972 is equally contributed to by the Royal Trust Company and CDSPI, at the rate of .1% of the .5% now being charged against the net asset value of the plan. This fund showed a balance of \$1,067.57 for the first seven months. Council is aware of the continuing need for adequate promotion of the Retirement Plans and it is expected that greater progress in this respect will in future be possible with the help of the promotional fund.
8. Some difficulty has been encountered as a result of new tax legislation with respect to the proceeds at death in the case of Registered Retire-

ment Savings Plans funded through a Trust arrangement. The new legislation was written to enable the taxpayer's spouse to defer tax on the "refund of premium" by transferring such amount into a registered retirement plan in the spouse's name.

9. To be eligible for such election, plan holders must designate a beneficiary within the terms of the plan. The difficulty is that there is no provision within the Loan and Trust Corporation Act to permit the designation of a beneficiary. Hopefully the Act will be amended to permit such designation within the plan.
10. In the meantime, however, the Royal Trust Company has persuaded the Department of National Revenue to amend the Act permitting plan holders to designate their estate as beneficiary under the plan to take advantage of this option, provided a particular beneficiary is designated under the Will.
11. As a result, Council has been advised that members who are participants in CDA Retirement Savings Plan should add a codicil to their Wills designating a beneficiary. At the last meeting of Council, the publicity committee was instructed to prepare a short notation or article for the CDA JOURNAL explaining briefly the necessity for a codicil.
12. The Royal Trust Company is to be commended for their cooperation during the past year, particularly in view of the numerous occasions the Chairman found it necessary to request special consultation with the company as a result of the new tax legislation. Council is convinced that CDA investment plans are being well managed and as a result of the close relationship with the Royal Trust, Council has been able to maintain proper vigilance and control of the plans.

GROUP DISABILITY - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

13. These plans have been functioning reasonably well during the past year. Essentially no changes have been made in either coverage or premium. The financial report which is attached continues to indicate more than adequate strength.
14. As mentioned in previous reports, difficulties continue to arise as a result of the basic differences in administrative and underwriting procedures employed by the two companies involved in underwriting these plans. Council is convinced that in order to completely integrate the disability plans, it will be necessary in the near future to arrange for a single carrier to handle these plans.

GROUP LIFE PLAN

15. During the past year the experience of this plan has been more than satisfactory. There were no claims and the premium stabilization reserve increased significantly. Council has received the fullest cooperation from Laurier Life Insurance Company and Imperial Life Assurance Company.
16. The strength of the plan has made possible several improvements. The limit for members has been increased from \$100,000 to \$150,000. Wives

of dentists are now offered up to \$150,000 coverage. Limits for dental hygienists have been increased to \$25,000. Other persons employed by members in the practice of dentistry can obtain \$2,000, \$5,000 or \$10,000 of coverage.

17. As a result of the continuing increase in group practice, Council is at present investigating life insurance coverage as well as disability insurance coverage, specifically designed to meet the needs of members of group dental practices. It is expected that during the coming year definite proposals can be made in this respect.
18. In order to provide life insurance coverage for those members who are at present unacceptable on medical grounds, Council has taken steps to provide a facility whereby the Group Life Plan can rate an individual who is turned down for a policy for medical reasons.
19. With the rapid growth of the premium stabilization reserve, Council has become concerned about the loss which would be incurred in the event of a catastrophic accident which might take the lives of several insured members.
20. With this in mind, Council felt it would be less than responsible if steps were not taken to protect this reserve and accordingly the reserve has been reinsured. The premium for this reinsurance will be charged against the stabilization fund.

ADJUSTMENT INCOME DOLLARS PLAN (AID)

21. Since inception in August of 1971, this plan has received excellent response from the members. As of May 1973 approximately 1,800 members were enrolled in the AID Plan.
22. Since participation in the early age groups has been greater than originally anticipated, arrangements have been made to add the AID Plan to the graduate package as well as to make it available to undergraduate dental student members, beginning in the second dental year.

MASTER CONTRACTS

23. At the April 1973 meeting of the CDA Executive Council, the following motion was approved:
"Subject to legal and insurance company requirements and the approval of the CDA Council on Insurance and Investment, the Executive Council approves the principle of having the ODA and other participating corporate members specifically named on the master insurance contracts that are included in the National/Provincial Insurance Package".
24. In order to expedite the changes in the master contracts outlined in this motion, a mail vote of members of the Council on Insurance and Investment was conducted and unanimous approval was obtained. As a result, the master contracts are now being altered to reflect the changes indicated by the motion.

BLUE CROSS EXTENDED HEALTH CARE

25. This plan continues to function well. As of May 1973 there were 1,791 members in the Blue Cross Plan. Utilization since April 1971 has been approximately 87%. Blue Cross has indicated to Council that at present there is a normal reserve for claims and as a result no increase in premium is anticipated in the near future.
26. Because of the unavailability of registered nurses in some instances and because of the changing status of registered nurse assistants in hospitals, Council requested that Blue Cross provide coverage for registered nurse assistants' services in hospital when a registered nurse is not available, without additional premium. Blue Cross agreed to do so for a trial period of one year at the end of which time the matter would be reviewed.
27. Coverage for dental accidents has been added to the Blue Cross Plan. The rates for this coverage will be 10¢ per month for single coverage and 24¢ per month for family coverage.

PUBLICITY AND PROMOTION

28. During the year the Publicity Committee has been very active. A series of excellent articles having to do with CDA insurance and investment plans have appeared in the JOURNAL and more are planned for the future.
29. Much of the literature and several of the brochures have been or are being redesigned and updated. Considerable work is involved in this respect since all information contained in the literature that is distributed must be carefully screened to make sure it conforms with the guidelines laid down for insurance promotion by the Department of Insurance.
30. After much planning and discussion, Council decided that a good deal could be gained by having a film produced which would deal with the various aspects of CDA insurance and investment plans, copies of which could be made available to various dental groups and organizations on request.
31. As a result, Council made arrangements to have such a film produced by an educational film production company. It is anticipated that the film now in production will be part one only since it is primarily a promotional film. If successful, Council intends to proceed with the production of a second film that will have greater educational content.
32. At previous CDA conventions, representatives of CDSPI, Royal Trust, and on occasion representatives of the various insurance carriers, have been available to answer questions and discuss the various CDA plans with members. This will be continued but in addition this year time has been provided early in the regular Convention program for a panel discussion on CDA insurance and investment plans.
33. The panel will be made up of the Chairman of this Council (who will act as moderator), the Administrator of CDSPI, the Chairman of the Publicity Committee, and a representative of the Royal Trust Company. It is proposed that this be primarily a question/answer type of session. If the promotional film is completed, it will be shown at this time.

34. Council is well aware that there must be a continuing effort to increase participation in all CDA plans and consequently attempts are being made at present to formulate long-term plans for promotion with all insurance carriers and the Royal Trust Company.

CANADIAN DENTAL SERVICE PLANS INC.

35. Council continues to enjoy excellent cooperation from CDSPI and wishes to express its thanks and appreciation for the help and service received from the Administrator and staff.
36. It should be noted that the many changes and additions to CDA insurance and investment plans during the past few years as well as the internal changes in the structure of CDSPI have placed a very heavy strain on this organization. In spite of this, however, there has been no decrease in the quality of service received.

GENERAL INSURANCE AND VOLUNTARY MALPRACTICE INSURANCE

37. In accordance with the decision of the Board at the last annual meeting (1972T133), Council has implemented the General Insurance Plan including voluntary malpractice insurance.
38. As anticipated, acceptance of the General Insurance Plan has been slow. The complexity of general insurance and the broad scope of the coverage being offered, to say nothing of the variety of legislation that exists in different provinces as it pertains to the sale of general insurance, have all been factors in the slow response to this program.
39. It is expected that it will be some time before the many problems associated with a general insurance plan of this magnitude can be worked out and the plan is running smoothly. Council and CDSPI are in constant contact with CNA Assurance Company and Marsh & McLennan to ensure that all steps are taken to resolve problems before or at least when they occur.
40. The voluntary Malpractice Plan is essentially the same plan that existed prior to the withdrawal of Ontario into compulsory malpractice insurance. As suggested in the previous report from this Council, the loss of Ontario participants in this plan might very well bring about significantly higher rates for the remaining members. At the time, Council felt that by choosing the same carrier for both the general insurance and voluntary malpractice plans, it would be in a much better negotiating position to hold the present rate for a longer period of time. Council has been assured by the carrier that arrangements with respect to malpractice insurance in provinces with voluntary malpractice programs will remain the same during the coming year.

SAVINGS PLAN FOR DENTAL AUXILIARIES

41. During the past year Council, in cooperation with the Royal Trust Company, has carried out an extensive study with respect to the

possibility of establishing a savings or pension plan for dental auxiliaries.

42. Several options were considered but none of these was sufficiently attractive to encourage Council to recommend specific action. Further study will continue.

INVITED OBSERVERS

43. In a continuing effort to bring about fuller participation on the part of the provinces in CDA insurance and investment plans, as well as in the activities of Council, it was decided at the fall meeting of Council that invitations be extended to corporate members and other provincial dental associations with insurance and investment committees to send an observer to the next meeting of the Council.
44. As a result, observers were present at the spring meeting of Council from Alberta, Ontario and Quebec. Regrets were received from the Mount Royal Dental Society, Alpha Omega (Montreal Alumni) and the Nova Scotia Dental Association. No response was received from the remaining provinces.
45. The observers were invited by the Chairman to participate fully in the discussions of Council. All observers indicated a strong desire for a more direct liaison with Council and it was suggested that one way of doing this would be for the members of Council to be members also of their respective provincial insurance committees.
46. This obviously would require considerable restructuring of Council as it now stands and although Council is firmly in agreement with the principle of increased provincial participation and interest, it would caution against hasty action which could have a deleterious effect on the day-to-day business and negotiations being carried out by Council. Care must also be taken to ensure that Council does not become ineffective by the inclusion of too many members and also that the cost of meetings does not become prohibitive.
47. The Chairman strongly recommends that serious study be given to the restructuring of Council for the purpose of providing a more direct liaison with the provinces. A motion was passed by Council at the last meeting approving the principle of continuing to invite observers from the provincial dental associations to the next meeting of Council.

FINANCIAL STATEMENTS AND STATISTICAL DATA

48. Because of the differences in renewal dates and fiscal year-ends for the plans, it is impossible to produce a truly consolidated statement for the total operation of the plans. An attempt has been made, however, to include as much material as possible as appendices to support the content of this report.

MALPRACTICE COVERAGE FOR DENTAL AUXILIARIES

49. There was considerable discussion at the last meeting of Council concerning the adequacy of malpractice coverage for dental auxiliaries. The rapidly changing role of auxiliaries in dental practice may necessitate some revision in the malpractice contract. In the past separate malpractice coverage has been made available to dental hygienists since these individuals were separately licensed to work in the mouth. There has always been some legal question as to whether this was really necessary when a hygienist was working under the direct supervision of a dentist but since a clearcut legal interpretation could not be obtained, it was felt that this coverage should be available and that hygienists should be urged to carry this type of insurance.
50. The same question arises as provincial legislation is changing to allow other types of auxiliaries to perform services in the mouth. As a result Council, with the co-operation of CDSPI, is seeking further legal opinion as well as advice from the insurance carrier so that, if necessary, steps can be taken immediately to update the malpractice contract to fully protect all members of the dental health team.

GROUP DISABILITY - ACCIDENTAL DEATH
AND DISMEMBERMENT INSURANCE

51. The nature of the discussions, proposals and recommendations contained in this report made it desirable, if not essential, for Council to pass a motion requesting that the Chairman of the Council be responsible for preparing a supplemental report for the 1973 meeting of the Board of Governors. Such report would include negotiated proposals which could not be made available until the Board meeting. The report of the discussions relating to this subject were omitted from the Minutes of the May/June 1973 meeting of the Council on Insurance and Investment and will appear as a deferred entry in the next following meeting's Minutes.
52. Council is convinced from past experience that wherever a major change in any CDA insurance plan is contemplated, the preliminary negotiations and planning should be carried out with great care and minimum publicity to ensure that, should the change be made, it can be made in an orderly fashion. When dealing with a fiercely competitive insurance industry, this is difficult to do but if not done, individual members can be greatly confused and upset by information supplied to them by insurance agents, particularly if those agents are in a position where some business might be lost as a result of the change.
53. In previous annual reports, attention has been drawn to the fact that the basic differences in administrative and underwriting procedures employed by CNA and Mutual of Omaha insurance companies, the joint carriers of CDA Group Disability and AD&D insurance, have not permitted complete integration of disability plans as envisaged by the original ad hoc insurance committee.

54. In the 1971-72 annual report of Council, the Chairman indicated that because of these very basic and deep-rooted differences, it was very doubtful that complete integration could be achieved and that it would probably be necessary ultimately to place this insurance with a single carrier.
55. The situation in this respect has not improved significantly during the past four years and as a result Council instructed its Insurance Investigating Committee to explore the possibilities of placing all CDA Group Disability and AD&D insurance with a single carrier and that a report be presented to Council at the earliest convenient time for consideration and action.
56. The report of the Insurance Investigating Committee was placed before Council at the May 31-June 2, 1973 meeting and after considerable discussion Council passed a motion stating that, because the dual responsibility had created problems that have interfered with the efficient operation of the plans and because CNA (who have assumed the responsibilities for Continental Casualty) has the capacity and willingness to assume total responsibility for the complete office overhead, income, AD&D protection package, that, if appropriate safeguards can be guaranteed by CNA, they be invited to assume total responsibility for this phase of the insurance package effective January 1, 1974.
57. Subsequent to this, Council prepared a list of the safeguards to which reference is made in the motion mentioned in paragraph 56 of this report. These were:
 - 1) that there would be no changes in the insurance coverage for those dentists presently covered under Mutual of Omaha certificates;
 - 2) that there would be no compulsory changes in premium rate structure for the contracts covered by Mutual of Omaha certificates and taken over by CNA;
 - 3) that all claims incurred prior to January 1, 1974 insured by Mutual of Omaha would be their responsibility in accordance with the Master Contract. All claims incurred from January 1, 1974 would be the responsibility of CNA Assurance. Members insured with Mutual of Omaha who were disabled and/or on claim through January 1, 1974 would become the responsibility of CNA Assurance after a return to full-time employment for three months or more;
 - 4) that CNA Assurance would replace all certificates held by dentists underwritten by Mutual of Omaha with no changes in insurance coverage and premium rate structure and with no transferral costs to the CDA or the dentists involved;
 - 5) that all contingency reserve/rate stabilization fund monies presently held by Mutual of Omaha would be returned to the CDA in accordance with the signed retention agreement to be in turn placed in trust with CNA Assurance under the retention agreement;
 - 6) that a letter of intent in respect of items 1 - 5 listed above be supplied to the Executive Director of the CDA as soon as possible, such letter to include specifics with regard to commission arrangements and related expenses.

58. The resolution which detailed the safeguards also stated that the Council must be assured that CNA would meet the stipulated requirements, otherwise the motion to transfer responsibility to CNA Assurance alone will become null and void. The list of safeguards was presented to CNA representatives who had been invited to attend a portion of the meeting. Verbal agreement was received from these representatives with respect to the safeguards and subsequent to the meeting and, in accordance with item 6 on the list, a letter of confirmation was received from CNA. (Appendix 6)
59. At the time of the merger of CDA/Provincial Insurance Plans, time did not allow the ad hoc Insurance Committee to redesign the disability and AD&D Plans to the extent it would have liked. It was more important at that time to bring about the merger with as little confusion as possible and with no loss of benefit. Since that time, several improvements in coverage have been made but it has always been the intent of Council ultimately to redesign this plan of insurance.
60. Having made the decision to explore the possibilities of placing all of this insurance with a single carrier, it seemed to be an appropriate time to consider also major changes in the plan itself and as a result of further study and discussion, CNA prepared a totally new proposal of insurance which is included as Appendix 7. This proposal was presented to Council by the Insurance Investigating Committee with the recommendation that it be accepted. After a lengthy and detailed meeting with CNA representatives, the proposal presented by the CNA was accepted in principle. The Insurance Investigating Committee and the Chairman of Council were authorized to negotiate final details of the proposal with CNA, engaging an independent consultant if the Council's negotiators believed this to be necessary or desirable.
61. At the time of writing this report, final details of the proposal are in the process of being negotiated.
62. Based on the details recited above, the following resolution is presented for Board approval:

Whereas the office overhead and income protection of the accidental death and dismemberment portions of the National/Provincial insurance package have, since the amalgamation of the CDA and ODA plans, been underwritten by two companies, namely Mutual of Omaha and Continental Casualty, and

whereas the dual responsibility has created problems that have interfered with the efficient operation of the plans, and

whereas it was the original intention of the Council on Insurance and Invest-

ment that at an appropriate time one carrier would be selected to replace the two, and

whereas the CNA has now assumed the responsibilities for Continental Casualty and, in addition, has the capacity and willingness to assume total responsibility for the complete office overhead, income, AD&D protection package,

be it resolved

that, having been assured of the acceptance by CNA of the safeguards detailed by the CDA, CNA be invited to assume total responsibility for this phase of the insurance package effective January 1, 1974.

Adopted

63. If this recommendation is accepted, written notice of termination will be given to Mutual of Omaha at least sixty days prior to January 1, 1974 as called for in the master contract. If this is done, CNA has agreed to replace all Mutual of Omaha contracts with CNA contracts with no change in benefit or premium. When this has been accomplished, and provided the second recommendation of Council (detailed in the resolution below) is accepted by the Board, a reasonable length of time would be allowed to fully inform the profession about the new proposal and to enable each individual member to make a decision as to whether or not it would be to his benefit to change to the new plan.

64. The following resolution is presented for Board approval:

Resolved

that the proposal of insurance for the Canadian Dental Association presented by CNA to the Board of Governors at their October 1973 meeting be approved and

that the Council on Insurance and Investment be authorized to negotiate final details of the proposal with CNA, engaging an independent consultant if the Council's negotiators believe this to be necessary or desirable.

Adopted

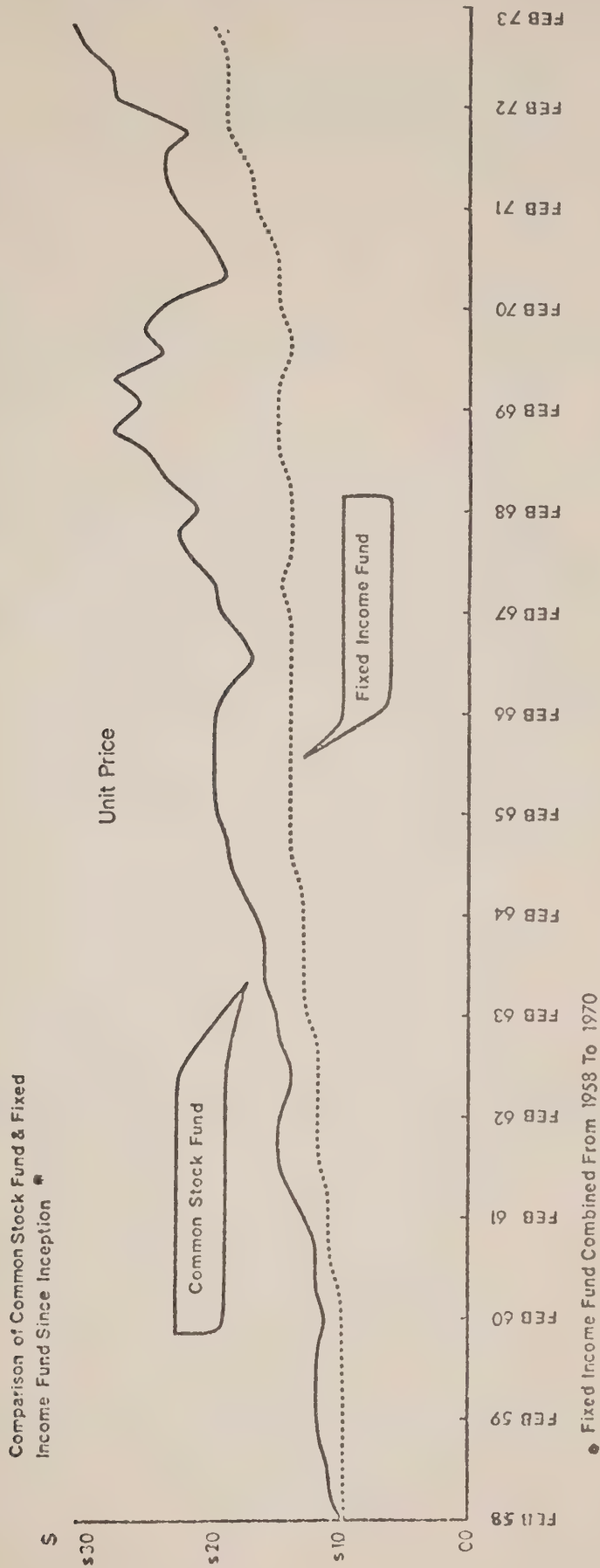
65. It should be clearly understood that there would be no compulsion for a member to change his present plan of insurance if he saw fit not to do so. Because the new plan is significantly different from the existing plan, it may be found that in some age groups it might be unwise to make any change. It will be seen that the new plan is designed to provide considerably more flexibility in terms of the rapidly changing economy, inflation and attitudes concerning retirement. In this sense, it is directed more towards the younger members of the profession who are so essential to the continuing strength and growth of any group insurance plan.
66. It must also be understood that new participants would not have a choice between the existing plan and the new plan. The new plan only would be available to new participants. The intent, of course, is to eventually phase out the existing plan without compelling any member to make a change in his present insurance if he decides it would not be to his advantage to do so.
67. After several months of study and investigation, Council is convinced that there is no hope of total integration of the disability and AD&D plans as long as they are being jointly underwritten by CNA and Mutual of Omaha Insurance companies. Council is equally convinced that our present reserve strength and experience record in these plans is now such that the time is most appropriate to make the changes recommended.

The Board of Governors echos the sentiments expressed by the Executive Council regarding the contribution of Dr. Way to the Council on Insurance and Investment.

Appendix 1REGISTERED RETIREMENT SAVINGS PLAN1972 HIGHLIGHTS

	<u>February 29 1971</u>	<u>February 29 1972</u>
New accounts opened	149	280
Contributions	\$1,607,915	\$2,729,071
Purchase of annuities	\$ 271,584	\$ 455,316
Transfer to other RRSP's	\$ 205,011	\$ 579,348
Payments to deceased members	\$ 82,828	\$ 48,923
Withdrawals	\$ 10,332	\$ 29,012
Value of fund	\$12,282,734	\$14,515,600
Common Stock Fund	77%	77%
Fixed Income Fund	23%	22%
Guaranteed Fund	0%	1%
Total members	1,113	1,329

CDN. DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN



Appendix 3LIFE INSURANCE PLAN G2596STATEMENT OF RETENTION
DECEMBER 1, 1971 to NOVEMBER 30, 1972

Premium received	\$ 261,347.96
Retention	39,202.19
Contingency Reserve	<u>5,226.96</u>
	44,429.15
Claims	none
Claims reserve	<u>50,000.00</u>
	50,000.00
Reserve for level premium payment (increase)	15,816.12
Surplus at 30 November 1971	87,737.50
Interest on surplus	5,483.59
Surplus at 30 November 1972	244,323.78

This statement applies to that portion of the coverage up to \$50,000. on any one life.

(Statement submitted by the Imperial Life Assurance Company of Canada, the insurer, and Laurier Life Insurance Company, the reinsurer)

INSURANCE AND INVESTMENT

Appendix 4

INCOME PROTECTION AND OFFICE OVERHEAD

CONSOLIDATED EXPERIENCE FOR POLICY YEAR
JANUARY 1, 1972 to DECEMBER 31, 1972

<u>Earned premium</u>		\$ 1,092,083.
<u>Charges against premium*</u>		
1) collection costs	\$ 65,252	
2) commissions to soliciting agents	96,887	
3) printing costs	1,688	
4) insurer's retention	163,933	327,760.
<u>Claims incurred</u>		
Claims paid	596,927	
Change in reserve for unpaid and unreported claims	190,085	787,012.
Deficit for policy year		(21,889.)
Surplus (deficit) for prior policy year		129,155.
Balance before experience reserve		107,266.
Experience reserve (see section 3A of Agreement)		220,237.
Experience reserve deficit		(112,971.)
Interest on 1971 surplus (6% on \$129,155)		7,749.
Net experience reserve deficit		(105,222.)

* Notes re charges against premium:

- 1) 5% of total premiums collected, including premium for optional A.D.
- 2) Commissions are paid on agency-produced business only.

New business: \$161,434.
Renewal prem.: \$730,188.
- 3) Actual costs of printing brochures, etc.
- 4) 15% of earned premium.

(Statement submitted by Mutual of Omaha Insurance Company, and
CNA Assurance Company)

CANADIAN DENTAL ASSOCIATION PROMOTIONAL FUND

(Statement submitted by the Royal Trust Company):

Deposits

10% portion of the Royal Trust Company fee for		
February	1972	\$256.00
March	1972	273.08
April	1972	275.65
May	1972	279.32
June	1972	279.75
August	1972	292.89
Sept.	1972	291.62
Total interest on cash credit balance		<u>12.62</u>
		<u>\$1,960.93</u>

Withdrawals

IFC services:		
printing costs re		
12,000 annual reports	\$842.67	
CDA Convention June/72		
expenses paid to		
D.S. Smith	<u>310.62</u>	
	<u>\$1,153.29</u>	
		<u>\$807.64</u>

(Statement submitted by CDSPI):

Received from Royal Trust	\$ 807.64
CDSPI contribution	<u>1,960.93</u>
	\$2,768.57

Less CDSPI expenses:

JOURNAL advertising	\$500.00	
complete mailing		
postage	736.00	
material and		
translations	240.00	
Argyle article	<u>225.00</u>	
		<u>\$1,701.00</u>

Balance	<u>\$1,067.57</u>
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(the above does not include any costs for materials or information sent to contributors, staff time, etc.)

Copy of a letter from CNA Assurance, 160 Bloor Street East, Toronto:

"June 26, 1973

"Dr. W.G. McIntosh, DDS
Executive Director
Canadian Dental Association
234 St. George Street
Toronto 180, Ontario

"Dear Dr. McIntosh:

"Further to our meeting with the Council on Insurance and Finance and subsequent meeting with Dr. Russell Hugill, I am writing to confirm to you CNA/assurance Company's acceptance of the six points in part 'B' of the motion presented to Council by Doctors Furlong and Resmusen.

"As further requested, I also wish to confirm to you the commission situation on takeover and new business.

- "a) premium generated from insurance automatically converted, with no agent involvement, will be net of commission.
- "b) a commission of 25% will be payable on all new business generated through our field force.
- "c) where the insurance of a dentist currently insured is increased, a commission of 25% will be payable on the increased portion, to the member of our field force involved.

"I believe this covers the points to be confirmed as a result of our meeting with Council.

"Best personal regards,

"Yours sincerely,

"(Signed 'Bill Macintyre')

"W.M. Macintyre, Mgr.
Association & Membership
Group Division."

Appendix 7

PROPOSAL OF INSURANCE
FOR
CANADIAN DENTAL ASSOCIATION
presented by
CNA/assurance

INTRODUCTION

CNA Assurance Company, and its predecessor Continental Casualty Company, have been providing Group Income Protection Insurance to professional associations since 1944. The first plan specifically designed for a dental association went into effect in Ontario in 1948.

Within this highly specialized field, CNA Assurance has continually been a leader and innovator of new concepts. The experience we have developed over the past 25 years has been fully utilized on the current question of how to meet the present and future disability insurance needs of dentists. It is our pleasure to present to you a new programme especially designed for the Canadian Dental Association. Our proposal includes new provisions and concepts which we have only recently fully developed. We believe the disability insurance needs of dentists, as we envisage them today, will be well served by these new plans.

KEY ISSUES

1. Within our economy and social security structure 65 has clearly established as the normal retirement age for employed Canadians. Today the trend in corporate retirement plans is to allow employees the opportunity to retire even earlier, for instance at 60 or even 55. It is believed that a normal retirement age of 60 will be standard within ten or fifteen years.

While employed Canadians are enjoying these social changes through their employment, self employed professionals such as dentists are also changing their occupational patterns and arranging their resources for organized retirement. Our new programme of Income Protection Insurance has recognized this change and the benefits and coverage are geared to age 65.

2. We in the health insurance industry have noticed a significant change in patterns of disability, matching advances in the medical sciences. These advances have two major effects on Income Protection Insurance:

- (a) Persons who would have died twenty-five years ago have a change for continued life, although often incapacitated and unable to work.
- (b) Persons who would have been permanently disabled twenty-five years

ago are being rehabilitated in either their own profession or occupation or another occupation of their choice where their disablement is not a detracting factor. Such people welcome the opportunity to once again participate in, and contribute to, society.

We have therefore introduced into our new programme a REHABILITATION PROVISION so that any dentist prohibited by accident or sickness from following his chosen profession can seek a suitable alternative, supported by his CDA insurance benefits.

3. The benefits provided by Income Protection Insurance plans fulfill a very significant purpose and need. We at CNA Assurance see this in our claim records of professional men who have been disabled for one, two, five or more years. A major weakness in past insurance plans has been the fact that the insurance benefits have provided a fixed income during prolonged disability the real value of which has been gradually eroded by inflation. Our new programme incorporates the concept of a COST OF LIVING ESCALATOR for both the disabled dentist and the health working member.

4. In our deliberations while developing this new programme for CDA, we have always had in mind the fact that another change of programme only four years after the last one may lead to some confusion. We also realize that members over certain ages, for example ages 55, 60 or 65, may prefer to stay with their present coverage. We are therefore recommending that the present plans be continued through CNA, and that any member who is now insured have the option to continue his present coverage or change to the new programme. All new insurance would be under the new programme.

NEW PROGRAMME

Benefit Period

- Benefits will be paid up to age 65 for disability due to either accident or sickness, except that
- disabilities commencing after age 63 will be payable for up to two years.

Partial Disability

- Although we are including a REHABILITATION PROVISION for members who cannot practise dentistry and must find a new vocation, we will still provide a three month partial disability provision for members returning to dentistry. Partial disability benefits are payable from the end of the elimination period for disability due to an accident and immediately following a period of total disability caused by sickness.

INSURANCE AND INVESTMENT

Elimination Periods

- Benefits will commence after the elimination period chosen by the member has expired. Options of elimination periods are:

Plan A	0 days for accident	7 days for sickness
Plan B	30 " " "	30 " " "
Plan C	60 " " "	60 " " "
Plan D	90 " " "	90 " " "
Plan E	180 " " "	180 " " "

Purchase Limits

- under age 50 - \$2,000.00 monthly
- ages 50-54 - \$1,500.00 monthly
- ages 55-64 - \$1,000.00 monthly

Benefits in excess of \$1,000.00 monthly will be reduced to this amount on the group anniversary date next following the members attaining age 60, with an appropriate reduction in premium.

Coverage terminates at age 65.

Rehabilitation

When a dentist becomes totally disabled and unable to practise dentistry in any form, but becomes employed in another occupation this provision will become effective. The CDA programme will pay the member his regular monthly indemnity less fifty per cent (50%) of the amount of compensation or income he receives as a wage or profit from such rehabilitative employment. The disabled member will receive this benefit for up to twenty-four months or age 60, whichever comes first.

An example of this benefit working is:

Monthly benefit under CDA plan	\$1,500.00
Income from rehabilitative employment	\$1,000.00
Rehabilitative benefit payable:	
Members monthly indemnity	\$1,500.00
Earned income	\$1,000.00
less 50%	<u>500.00</u>
	\$1,000.00
Plus Earned Income	<u>1,000.00</u>
Total Income During Disability	<u>\$2,000.00</u>

Cost of Living Escalation

This provision will be tied to the Cost of Living Index of the Canada Pension Plan.

Each year, upon the anniversary date of the Master Policy, we will review the benefit levels relative to the Cost of Living Index. If the Index has increased by five per cent (5%) or more since the last adjustment in benefit levels, it is our intent to increase by the multiple of five per cent (5%) which is nearest below the increase which has taken place in the Index. This increase will result in a corresponding increase in cost to the insured member, which will be automatically included in his next and subsequent renewal billings. This provision is such that it cannot be written into the Master Contract but will be subject to a letter of intent which will be filed with the Canadian Dental Association by CNA Assurance.

Any dentist on claim on the date such an increase is declared will receive an equal increase in claim benefits payable for payment periods subsequent to the increase date.

Private Flying

INCOME PROTECTION - Flying as a pilot or crew member will be included in the new plan for periods of total disability resulting from such activity.

ACCIDENTAL DEATH AND DISMEMBERMENT - Flying as a pilot or crew member cannot be included due to the very high risk factor and the limited number of members who would be involved. This coverage is available to members on an individual basis.

Integration of Benefits

In our proposal benefits payable under the new programme are integrated with:

- (a) Canada Pension Plan
- (b) Quebec Pension Plan
- (c) Workmen's Compensation
- (d) Other disability insurance

The combined maximum benefit payable under all of the above in conjunction with the CDA plan will be one hundred per cent (100%) of the members pre disability taxable income. Where there is a question of over-insurance a statement from the dentist or his accountant may be required.

Waiver of Premium

Following continuous payment of benefits for six months, premium normally coming due during a continuation of that benefit period will be waived.

Limited Sickness Plan

Our proposed programme provides standard benefits to age 65 for accident and

sickness. There will be a few occasions when a dentist due to a past medical or physical impairment cannot qualify for these benefits. We have therefore prepared a limited plan for such circumstances which will provide accident benefits to age 65 and sickness benefits for up to two years.

This plan will not be marketed as a part of the basic programme or even an option to it. It will be used by our underwriters to ensure coverage to the greatest possible number of dentists.

OFFICE OVERHEAD EXPENSE PLAN

In recent years considerable debate has been carried on as to the best method of protecting dentists for continuing office expense while he is disabled. We find that there are two key periods during disability when a dentist must make decisions about his practice in relation to his disability. These key points of decision are:

- (1) approximately three months after start of disability
- (2) approximately six months later (nine months from start of disability)

We have found that at these points in a dentist's disability he must assess his potential for returning to active practice. His decision whether or not to continue his full expenses or reduce them will be directly related to his disability. After two or three months of total disability a reasonable estimate can be made of a disabled person's expected date for returning to work. Since over ninety per cent (90%) of all disabilities are for three months or less the first step is appropriate. The second step is also appropriate since after nine full months of total disability a sound estimate can be made of the probability of an early return to work or of protracted disability.

Another important question affected by these time periods is the maximum amount of office overhead expense indemnity which an insurer can provide. Taking these key time points into account it is possible for us to increase the maximum limit to a more desirable figure. Our proposed plan for CDA members includes all of these considerations.

Maximum Benefit Periods

- Up to twenty-one months for disabilities due to accident or sickness

Choice of Elimination Periods

- First 14 days eliminated
- First 30 days eliminated

Indemnity Schedule

- First 3 months of disability = 100%
- Next 6 months of disability = 65%
- Next 12 months of disability = 40%

Purchase Limits

- under age 50 = \$2,500.00 monthly
- ages 50-54 = \$1,500.00 monthly
- ages 55-64 = \$1,000.00 monthly

Indemnities do not reduce because of age under this new plan.

Integration

Benefits under this plan will be integrated with any other office overhead expense insurance to one hundred per cent (100%) of the disabled members actual expenses.

NEW GRADUATES

Each year new graduate dentists will be guaranteed both Income Protection Insurance and Office Overhead Expense Insurance without medical evidence. The coverage guaranteed to graduates will be:

L.T.D. = \$600.00 monthly indemnity for accident and sickness,
up to age 65.

O.O.E. = \$500.00 monthly indemnity for accident and sickness,
up to twenty-one months.

Addendum to the Proposal of Insurance
for Canadian Dental Association

Credit Insurance

New Graduates - upon leaving college the new dentist must make several decisions:

- (1) choose city or district to locate residence and practice;
- (2) decide if best for him personally to become an assistant or partner in established practice;
- (3) decide to start new practice on own or in partnership with a fellow graduate;
- (4) decide how to equip his new practice - buy or lease.

A decision to purchase equipment as opposed to leasing it involves a considerable capital expenditure of \$30,000 to \$50,000 which must be raised usually through a loan from a bank.

Problem: In the event of a serious accident or sickness, how does the graduate make his monthly loan payments to the bank?

Answer: Credit protection insurance through the Canadian Dental Association.

How CNA Assurance Company would take over the monthly repayments
it to the financing organization commencing with the 31st day of
works disability.

Benefits would continue to be paid as long as the disability lasts but not beyond the original closing date of the loan agreement.

The maximum loan term cannot exceed five years.

Cost Regardless of the amount or term of the loan agreement the cost is standards - 1% of the total amount to be repaid by the dentist, including interest and carrying charges.

Single premium payment for the coverage will be made when loan agreement is made.

Cost of coverage should be included in negotiating the loan.

Loan agreement details/application and premium must be submitted to CDSPI within 30 days of the loan's effective date.

CNA COVERS CANADA

CNA Assurance Company is a national organization with an interlocking network of service offices across Canada.

Head Office - located at 160 Bloor Street East in Toronto. We employ over 350 people who handle every detail of our business and from this central location guide the operation of our offices from coast to coast.

Eastern Region Head Office - located at 5 Place Ville Marie in Montreal. Here we have a staff in excess of 100 people who perform all the functions of the company for Quebec and the Maritimes. All the staff is bilingual and all printing, policies, correspondence and even phone conversation are carried out in either English or French depending on the primary language of the person with whom we are dealing. The Eastern Region office has complete marketing, underwriting and claims facilities, just as the head office does.

Provincial and Local Offices

Vancouver - 1281 West Georgia Street. This is our largest regional office in western Canada and will possibly in a few years become a full Regional head office like Montreal, with full marketing, underwriting and claim facilities.

INSURANCE AND INVESTMENT

The Manager of the Vancouver office is responsible for all Association Group plans in British Columbia and the marketing of them. He is a salaried corporate employee.

Calgary - Suite 466, 330 Fifth Ave. S.W. There are two salaried corporate Managers located in this office whose overall responsibility is for the Provinces of Alberta and Saskatchewan. They are the Association Group and Brokerage Manager and the Regional Sales Manager.

Edmonton - 1 Thornton Court.

Saskatoon - Suite 901, 201 - 21st Street East

Regina - Suite 4, 1235 Albert Street

Winnipeg - 209 Notre Dame Ave.

Halifax - Suite 1101, 5151 George Street.

All of these offices have corporate Managers responsible for Association Group and Brokerage business in their province or area.

Should a local member have a question they merely have to contact these people who will either give them an immediate answer or who will correspond with home office through the facilities of telex. This means, of course, that your members will have an answer almost immediately without having to revert to correspondence through the mails which, on some occasions, can become very lengthy from a time aspect.

These offices are staffed by experienced home service people many of whom have been with the company for 15, 20 or more years. This of course means that your members will be dealing with experience insurance personnel who will be able to answer their questions, in most cases on an immediate basis without further reference to head office.

We know and are confident that this network of strategically located offices and experienced personnel across the country will be able to meet the needs of dentists on a local, provincial or national basis with a minimum of delay and a maximum of service.

Summary of CDA Executive Council Actions, September 10-12, 1973, respecting the Council on Insurance and Investment's Supplemental Report to the Board of Governors

"Motion: Hrabowsky - Wihak

that the Executive Council approves the resolutions presented by the Council on Insurance and Investment in their supplemental report to the 1973 Board of Governors (paragraphs 62 and 64) and recommends their acceptance by the Board of Governors.

Carried unanimously."

LEGISLATION

MEMBERS: H.C. Bugden, chairman, Ottawa; K.F. Pallett, Ottawa;
O.H. Phillips, Ottawa.

R E P O R T

1. Registrars of all corporate members have provided this Council with information concerning legislative changes in their respective provinces which have occurred since the last CDA annual report.
2. It is apparent that Provincial Dental Acts as we have known them now exist in only a few provinces. Each legislature will or has taken upon itself the responsibility for changes in their legislation relating to the practice of dentistry. Often this appears to be done on the basis of emotion and political expediency, with little or no attention paid to the advice of appointed lay commissions or to the briefs presented by organized dentistry. This is unfortunate but a fact of political life. A ray of future hope does exist for more educated political thinking in the future. Because of the enormous amount of work undertaken and accomplished by action committees in the various provinces and their counterparts in the Canadian Dental Association, many politicians now know that they have an access to accurate information, impartially given, which will permit them to base their decisions on facts as well as other necessities in political life.
3. If anyone reading this report is not actively involved with his society, local or provincial or national, in their struggle with governments, we ask them to seriously consider giving time and help to keep the practice of dentistry as a first-class health service to the public of Canada. Our citizens deserve it. Our country deserves it. We know it, and we must make our government realize it too. You can help.
4. It is interesting to note that our confreres to the south, in a somewhat similar struggle, are actively engaged through a federal-state-local society joint involvement in seeing that their politicians at all levels are well informed. The American Dental Political Action Committee feels that "dentistry has been listened to by our legislators as never before...and we have only scratched the surface". They seem to have an efficient well-organized operation with good cooperation between State and Federal dental organizations. Let us hope that the Canadian and provincial associations can emulate that principle and forge ahead together.
5. A summary of the reports of corporate members, listed geographically from east to west, follows.

NEWFOUNDLAND

6. The Newfoundland Dental Board advises that no legislation has been passed in the previous twelve months. However, legislation allowing expanded duties for hygienists is in draft form for presentation to the Minister of Health at the appropriate time, as is legislation allowing trained dental assistants to perform minor intra-oral procedures.

7. The denturist situation is under the consideration of the Legislature. A Select Committee has held hearings and is preparing its report to the Legislature. CDA President David Peters has appeared before this Committee and presented briefs on behalf of the Newfoundland Dental Board as well as the Canadian Dental Association.

PRINCE EDWARD ISLAND

8. The Dental Association of Prince Edward Island advises that there was no new legislation passed in the last year and no changes appear on the horizon for the coming year.

NOVA SCOTIA

9. The Provincial Dental Board of Nova Scotia advises that an Act to Provide for the Licensing of Denturists has received third reading but the Licensing Board of seven members referred to in this Bill (para. 3) has not yet been established by the Government as of the end of June. The Act permits treatment only in the field of full denture prosthetics.
10. The Nova Scotia Dental Board is to name a Committee to examine their Dental Act. The Government apparently intends to examine it also, at the next sitting of the Legislature. The Government also apparently intends to (1) create incentive grants and location grants but nothing is in writing; and (2) start a Denticare program for five or six-year-olds, late in 1973.

NEW BRUNSWICK

11. The New Brunswick Dental Society has a committee revising their Dental Act, but nothing is definite to date.

QUEBEC

12. In Quebec, the provincial government has three bills under consideration:
 - (1) Bill 266 - the Denturologists Act, which would permit licensed people to act in the field of removable appliances on the prescription of a dentist.
 - (2) Bill 254 - Dental Act, the main object of which is to repeal the existing Dental Act and replace it in accordance with the Provisions of the Professional Code Bill. The dentists in the province will be called the "Professional Corporation of Dentists of Quebec" or the "Order of Dentists of Quebec". They will be administered by a Bureau consisting of a President and twenty members elected by the Order and four members appointed by the Quebec Professions Board. The Bureau will, among other things, attend to: the quality of dental care, curricula for dental schools, preparing examinations for students, the determination of auxiliaries, registration and fees, and in general the Order will take over the duties of the present College of Dental Surgeons of the Province of Quebec.
 - (3) Bill 250 - the Professional Code, the object of which is to establish

procedures and rules of discipline to be followed by the Professional Corporations (37 of them) subject to this Code, to institute a uniform system with regard to these corporations for ascertaining the quality of professional acts, to constitute a Quebec Professions Board to ensure the protection of the public and set up a Quebec Interprovincial Council which will make recommendations to the Board and to the government.

13. A particularly interesting point is that anyone from outside Canada entering a profession in Quebec after 1976 will have to have a working knowledge of the French language. Professionals working before that deadline will be allowed to continue without that qualification. However, after 1976 certain professionals will be permitted to exercise their profession for a limited time or under restrictive conditions.
14. The College of Dental Surgeons of Quebec expects the outcome of these Bills to be known before the end of July. *(The Board has been informed by the CDSPQ that these laws have been passed)*

ONTARIO

15. The Royal College of Dental Surgeons of Ontario advises that the first reading of Ontario Health Disciplines Act will now occur late in 1973. In its present form, this Act would reduce the present authority and direction of the senior health disciplines and place some of this authority in the hands of a co-ordinating body known as a Health Disciplines Board, consisting of all lay members, although it is stated that Colleges will continue to be self-governing.
16. When this Act is passed it will mean that the Ontario Dental Association will become completely a voluntary organization. The ODA will then (generally speaking) be representing the profession and the newly structured Royal College of Dental Surgeons of Ontario will represent the government and the public.
17. Meanwhile, Bill 246, an Act to license denture therapists, has finally been proclaimed.
18. The government is also on the verge of serious consideration of a Denticare Act for five- or six-year-olds.
19. Endodontics and oral pathology are now recognized as specialties by the Royal College.

MANITOBA

20. The Manitoba Dental Association advises that in 1971, when the Manitoba Government passed their then new Dental Act, one of the provisions was that by-laws did not have to be approved by the Lieutenant-Governor in Council but were to be approved by the Manitoba Dental Association membership instead, with a 30-day time limit for ten members to object, at which time the by-law would have to be discussed at a general meeting.
21. There were three by-laws passed this way which came into effect on February 2, 1973. They relate to:
 - (1) Continuing education: para. 12(1) states that after February 1976, or on the expiry of his third annual license, whichever is the

latest, evidence shall be presented that the dentist has completed the requirements of continuing education which states that 250 points are required for license renewal. Points in varying amounts are obtained by attending meetings of an educational nature, clinical participating courses, dental association meetings, and so forth.

- (2) Peer Review Committee: to protect the public, to promote self-confidence and the standard of dentistry, to encourage respect and cooperation between members of the Associations, to establish a Mediations Committee which can refer complaints to the Peer Review Committee, if serious or necessary.
- (3) A by-law for the regulation of the profession of dentistry: this consists of specified offences; unusual problems presented to the Board will rely on the ethics of the profession as related to the CDA Code and the desire to be of service to the public.

SKATCHEWAN

22. The Government of Saskatchewan has apparently proclaimed Bill 72, "The Saskatchewan Dental Nurses Act 1973" which means such a person will be licensed under this Act to perform services prescribed in the regulations as dental nursing services for the purpose of this Act, but shall not charge or collect directly from the public for services rendered. This Bill is related to the Ancillary Dental Personnel Education Act 1972.
23. Details of the provision of dental services for children are still at the discussion stage and no further steps have been taken by the government to define this plan.

ALBERTA

24. In May 1973 the Government of Alberta gave third reading to Bill 40, which amends the Dental Association Act. In summary the Bill grants the power to:
 - (1) establish an executive committee;
 - (2) develop a by-law making continuing education mandatory;
 - (3) develop a by-law to establish an associate members register and a teaching and research members register;
 - (4) name the number of years' practice necessary for life membership;
 - (5) delegate duties of a dental nature to a class of persons, e.g. dental assistants;
 - (6) develop a mandatory liability insurance program.
25. These by-laws must be developed and approved by the Lieutenant-Governor in Council.

BRITISH COLUMBIA

26. The College of Dental Surgeons of British Columbia advises that no new legislation regarding dentistry is on the current governmental agenda, but many things relating to the health professions have increased in tempo.

LEGISLATION

- (1) The Minister of Health has appointed a special consultant for the rationalization of health services. Some form of dental plan for children should occur in the near future;
- (2) the College has set up a Task Force on the Delivery of Dental Health Care, and is deeply involved in discussions with government;
- (3) the Minister of Health announced in May 1973 that dental treatment of cleft palate and cleft lip cases would be covered under the Medical Care Plan;
- (4) endodontics is now on the list of certified specialties, expanded duties of dental auxiliaries have been approved by the Council of the College, paedodontics is now named pediatric dentistry, and a committee of the College is preparing revisions to the Dentistry Act.

ACKNOWLEDGEMENT

27. The CDA Council on Legislation wishes to acknowledge to the corporate secretaries and the provincial registrars their kind assistance, without which this report would not have been possible.
28. These are indeed stormy times.

For purposes of accuracy and without changing the intent of the report of the Council on Legislation, amendments were made to paragraphs 12 - 15 and 17. They are printed as amended.

On motion from the floor:

That the National Dental Examining Board of Canada be invited to submit a report to the annual meetings of the Board of Governors of the Canadian Dental Association.

Adopted

NECROLOGY

RECORDS DEPARTMENT

Miss A.M. Cowling

R E P O R T

Since the last annual meeting of the Canadian Dental Association the deaths of the following members have been recorded:

ALBERT, Gerard Alcide -- Montreal '24	Montreal, P.Q.
AMIOT, Gilles Rene -- Montreal '15	Montreal, P.Q.
ATKINSON, William -- RCDS '23	Windsor, Ont.
BALLANTYNE, Herbert Laurier -- RCDS '17	Thornhill, Ont.
BALTHAZAR, Emile -- Montreal '26	Montreal, P.Q.
BEATTIE, William Balmer -- RCDS '24	Ottawa, Ont.
BELLAVANCE, Joseph M.A. -- Montreal '49	Duvernay, P.Q.
BERNBAUM, Frank -- Minnesota '38	Saskatoon, Sask.
BREGMAN, Ralph Charles -- Toronto '33	Toronto, Ont.
BRODERICK, James Vincent -- RCDS '22	Cornwall, Ont.
BROOM, John Cameron Wilson -- RCDS '17	Kingston, Ont.
*BUCHANAN, Herbert Parker -- Glasgow '26	Croyden, England
CAMPBELL, George Harold -- RCDS '02	Orangeville, Ont.
CAREFOOT, John Miller -- Toronto '50	Edmonton, Alta.
CLARKE, Harold J. -- RCDS '14	Vermilion, Alta.
CLERMONT, Charles Cyril -- RCDS '20	Regina, Sask.
COVE-JONES, John -- Edinburgh '66	Vancouver, B.C.
COVEY, George -- RCDS '14	Islington, Ont.
COX, Elwood Livingstone -- Chicago '09	Saltspring Is., B.C.
DACYSHYN, Dennis Wayne -- Alberta '69	Vancouver, B.C.
DIMOCK, Karl Keith -- Dalhousie '19	Windsor, N.S.
DINNIWELL, Alberta Raymond -- Toronto '37	Hamilton, Ont.
DINNIWELL, Richard Ernest -- RCDS '21	Bowmanville, Ont.
DINNIWELL, Robert Alfred -- RCDS '23	Hespeler, Ont.
DION, Louis Alphonse -- Laval '14	Quebec, P.Q.
DOBBINS, Alexander -- North Pacific College '31	Vancouver, B.C.
EWING, Ernest Hamilton -- RCDS '24	Toronto, Ont.
FREEDHOFF, Samuel -- Toronto '26	Downsview, Ont.
GIBSON, Stanley H. -- Toronto '38	Timmins, Ont.
GIGUERE, Henry Camille -- McGill '23	Rouyn, P.Q.
GREEN, Francis Teneyck -- Toronto '36	Burks Falls, Ont.
HALLETT, John Edward -- Toronto '47	Halifax, N.S.
HANNA, William Morton -- North Pacific '12	Vancouver, B.C.
HARRIS, Saul -- McGill '24	Montreal, P.Q.
HART, Edward Reuben -- Pennsylvania '98	Sackville, N.B.
HARWOOD, Antoine C. -- Montreal '02	Lachine, P.Q.

NECROLOGY

HELLEN, Samuel Jack -- Toronto '27	Toronto, Ont.
HERTZ, Alexander John -- Alberta '51	Olds, Alta.
HILL, John Francis -- Southern California '17	Vancouver, B.C.
HOLGATE, Derrick John -- Univ.Hosp.London '53	Westcliff-on-Sea, U.K.
HOOPER, Willis Mathieu -- McGill '23	Lachute, P.Q.
JACKSON, John Archibald -- RCDS '23	Dunnville, Ont.
JACKSON, William James Spence -- Toronto '29	Toronto, Ont.
JACOBS, Sidney -- Toronto '47	Toronto, Ont.
JAMES, Stewart McKee -- RCDS '17	Toronto, Ont.
JASMIN, Alfred -- Montreal '27	Montreal, P.Q.
JEKYLL, Victor Henry Theodore -- McGill '25	St. Jerome, P.Q.
**JOHNSON, Kenneth Malcolm -- RCDS '13	Winnipeg, Man.
JOHNSTON, Robert Edison -- RCDS '21	Toronto, Ont.
JOYNT, William Thomas -- Toronto '37	London, Ont.
KAPUR, Rajindar Nath -- Toronto '69	Smith Falls, Ont.
KEMP, Frederick Falls -- RCDS '22	Ottawa, Ont.
KENNEDY, Ernest -- Northwestern '12	Banff, Alta.
KERSTER, Gustave A. -- RCDS '25	White Rock, B.C. (formerly Sask.)
KING, David Anderson -- Toronto '35	Winnipeg, Man.
KINZIE, Dillman Laverne -- RCDS '17	Blenheim, Ont.
LAFLECHE, J. Edward -- Montreal '25	Montreal, P.Q.
LAIDLAW, Myron Lewis -- RCDS '10	Toronto, Ont.
LAMARRE, J. Anselme -- Montreal '28	Montreal, P.Q.
*LEAHY, W. Gordon -- McGill '22	Montreal, P.Q.
LEDGER, Wm. Herbert Clarence -- Toronto '31	Renfrew, Ont.
LEDLOW, John Douglas -- U. of Toronto '50	Orillia, Ont.
*LEWIS, Archibald Clifford -- Toronto '20	Toronto, Ont.
LISTER, Goodridge Roberts -- Baltimore '18	Fredericton, N.B.
LONG, Harold James -- RCDS '22	Peterborough, Ont.
MacDONELL, Malcolm James -- RCDS '24	Saskatoon, Sask.
MacDOUGALL, George Gregory -- Dalhousie '24	Sussex, N.B.
MacGIBBON, Ray Miles -- Baltimore '11	Fredericton, N.B.
MacMILLAN, Edwin Arthur -- RCDS '22	Whitby, Ont.
MARTIN, Martin Gardner -- Oregon '49	Trail, B.C.
McCUBBIN, John Gillies -- Toronto '35	Chatham, Ont.
McDOWELL, Walter Warnock -- RCDS '24	North York, Ont.
McKEE, Godfrey Gilford -- RCDS '21	Elora, Ont.
MARCHAND, Rene-Guy -- Montreal '57	Montreal, P.Q.
MEREDITH, Arthur Lloyd -- RCDS '24	Windsor, Ont.
MILETTE, Rene -- Montreal '52	Trois Rivieres, P.Q.
MOORE, Richard Charles -- U. of Toronto '28	Burlington, Ont.
MORTON, Joseph Francis -- RCDS '19	Southampton, Ont.
MOSES, Charles Hyman -- RCDS '24	Toronto, Ont.
MULLETT, Harrison J. -- RCDS '17	Toronto, Ont.
MURDOCK, Charles Willis -- Toronto '53	Kapuskasing, Ont.
MURPHY, Harold Joseph -- RCDS '17	Toronto, Ont.
MURRAY, Waldo H. -- Tufts '09	Brighton, Mass.

NECROLOGY

NELSON, Charles Lord -- Minnesota '29	Powell River, B.C.
NIND, Edward Benjamin -- RCDS '24	Hamilton, Ont.
OLIVER, Stuart Laurier -- Toronto '32	Drumheller, Alta.
O'REILLY, Vincent Basil -- Toronto 31	Toronto, Ont.
PARR, Leo R. -- RCDS '18	Toronto, Ont.
PERRY, Roy Prince Edward -- Toronto '40	Windsor, Ont.
POISSON, Leopold -- Montreal '25	Baie St.-Paul, P.Q.
POLLACK, Joseph -- McGill '25	Montreal, P.Q.
PORTER, Edward Francis -- Toronto '54	Hamilton, Ont.
PORTER, John Frederick -- RCDS '22	Toronto, Ont.
POYNTZ, Arthur -- Toronto '44	Victoria, B.C.
REDDING, Herbert D. -- Alberta '37	Lethbridge, Alta.
ROBERTS, James Gratton -- RCDS '08	Sooke, B.C.
ROBINSON, Leslie Gilbert -- McGill '23	Galiano Is., B.C.
ROSS, Hugh Alexander -- RCDS '20	Toronto, Ont.
ROUSSEAU, Edgar -- Montreal '38	Sherbrooke, P.Q.
SCHRAM, Warren R. -- Minnesota '22	Minnesota, U.S.A. (formerly Manitoba)
SCREECH, Eric Noel -- Guy's Hospital, London '26 ...	Victoria, B.C.
SHAW, Wesley Edward -- Toronto '45	Mission, B.C.
SHUMACKER, Samuel Charles -- Toronto '36	Toronto, Ont.
SIMMONS, Kenneth Francis -- U. of Toronto '51	Barrie, Ont.
SINGLETON, Gerald Merrick -- RCDS '17	Toronto, Ont.
SMITH, Howard Taylor -- Toronto '49	Toronto, Ont.
SNOW, Cecil Montague -- Baltimore '16	Calgary, Alta.
SPARLING, Ernest -- RCDS '24	Tilbury, Ont.
SPINK, Roy Gordon -- U. of Toronto '43	Winnipeg, Man.
STEWART, Charles Elmer -- RCDS '19	Hamilton, Ont.
SWEETNAM, John H. -- Loyola '54	LaSalle, Ont.
TANNER, Louis Ernest Victor -- RCDS '12	North Vancouver, B.C.
THIBAUT, Marc -- Montreal '48	Montreal, P.Q.
TROTTER, Trevor Cecil -- Toronto '31	Caledon East, Ont.
VAN LOON, Alfred Nelles -- Toronto '33	Tillsonburg, Ont.
WADDELL, John Calvin -- McGill '51	Calgary, Alta.
WALKER, Thomas Mansfield -- Toronto '45	Toronto, Ont.
WATSON, Herbert Edward -- RCDS '04	Toronto, Ont.
WATSON, Peter James -- RCDS '14	Toronto, Ont.
WHITE, Arthur Clenden -- RCDS '14	Cambridge, Ont.
WHITE, Stanley George -- RCDS '17	Gravenhurst, Ont.
WILKINSON, Egbert -- Alberta '27	Edmonton, Alta.
WILSON, David Donald -- RCDS '05	Ottawa, Ont.

* Honorary Member of the Canadian Dental Association

** Past President of the Canadian Dental Association

October 5, 1973

NOMINATIONS

MEMBERS: J.E. Abra, chairman, Winnipeg; D.C. Clee, Toronto;
H. Brouillet, Montreal; W.R. Upton, Vancouver.

R E P O R T

1. Appended herewith (Appendix 1) is a list of nominees prepared in accordance with the By-laws, Article XIV, Section 4(j).
2. Council is grateful for the assistance of nominators and for the willingness of leading members of our profession to serve the Association.
3. Council extends the Association's appreciation to Officers, Council Chairmen and Members who are retiring from office this year.

COUNCIL ON HEALTH CARE

4. At the 1972 annual meeting of the Board of Governors a resolution was adopted amalgamating the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry to form the new Council on Health Care (1972T93).
5. In its annual report to the Board of Governors' 1973 meeting, the Council on Constitution and By-laws will recommend that the new Council consist of one voting member from each corporate body and that the following terms be applied: the initial term shall be one year for the first three names drawn from a pool of those elected by the Board of Governors to this Council, two years for the next three names drawn, and three years for the remaining four names. In each case the member would be eligible for a normal second term of three years. (see para. 9 of the report of the Council on Constitution and By-laws).
6. Assuming approval by the Board of the Council on Constitution and By-laws' recommendation detailed in paragraph 5 of this report, the Council solicited nominees for ten vacancies.

COUNCIL ON COMMUNICATIONS (INFORMATION SERVICES)

7. The Council on Constitution and By-laws will recommend to the Board of Governors (see para. 17 of their report) that the terms of reference for the Council on Communications be amended, changing the name to the Council on Information Services and the membership from seven to five. If the Board approves this recommendation, no election will be required as the terms of two members automatically end at the 1973 annual meeting.

COUNCIL ON NOMINATIONS

8. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the President-elect who serves as chairman. The by-laws state that the membership of the Council should

NOMINATIONS

be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

H. Brouillet, Montreal	1973(1) - first term; eligible for re-election
D.C. Clee, Toronto	1974(1)
W.R. Upton, Vancouver	1975(1)

COUNCIL CHAIRMEN

9. The Board is reminded that by Article XI, Section 8(j) the Executive Council is empowered to select Council Chairmen from the Council members elected by the Board.

ELECTED OFFICERS, OFFICIALS AND COUNCIL MEMBERS

10. A complete list of elected officers, officials, council members and council chairmen will be published in the TRANSACTIONS as Appendix 2 to this report.

NOMINATIONS

Appendix 1

The following is a list of all nominees for each open elective office:

CHAIRMAN OF THE BOARD
(one to be elected)

- W.P. Munsie, Vancouver

PRESIDENT ELECT
(one to be elected)

- H.L. Mussells, Montreal
- J.F. Reid, Vancouver

COUNCILS

EXECUTIVE
(two to be elected)

- D.C. Clee, Toronto
- R.A. Gray, Medicine Hat
- J.E. Merritt, Halifax
- S. Silver, Montreal

CONSTITUTION AND BY-LAWS
(one to be elected)

- H. Brouillet, Montreal

EDUCATION
(five to be elected;
one from each group
named)

ACFD

- D.V. Chaytor, Halifax*
- A.G. Hannam, Vancouver

NDEB

- R. Coulombe, Lachine
- W.F. Hancock, Fort Qu'Appelle

Registrars

- G.E. Decker, Edmonton

Mbrship-
at-large

- E.J. Abrahams, Ottawa
- J.H. Kovits, Chilliwack

(non-dental-
school)

- L.G. Mandin, St. Paul
- C. Oler, Halifax

Mbrship-
at-large
(dental
school)

- J.D. McLean, Halifax
- M.D. Rennert, Montreal
- D.J. Yeo, Vancouver

ETHICS
(two to be elected)

- M.B. Archambault, Montreal
- J.P. Beattie, Winnipeg

HEALTH CARE
(ten to be elected)

B.C.

- D.E. MacFarlane, Vancouver

Alta.

- R.G. Dickson, Drumheller

Sask.

- J.W. Mackay, Saskatoon

Man.

- S. Norquay, Winnipeg

Ont.

- J.A. Alexander, Ottawa)
- J.L. Storms, Toronto

Que.

- S. Silver, Montreal

N.B.

- J.T. Dowd, Moncton

N.S.

- D.A. Eisner, Halifax

PEI

- J.R. Robertson, Summerside

Nfld.

- C.P. Daly, St. John's

* Dr. Chaytor withdrew his
name before the elections

NOMINATIONS

INSURANCE AND INVESTMENT
(three to be elected)

- Y. Poulin, Quebec City
- R. Rasmussen, Calgary
- D. Steeves, Moncton

LEGISLATION
(one to be elected)

- H.C. Bugden, Ottawa

NOMINATIONS
(one to be elected; nominations received from floor)

- L. Bernier, Quebec City

There being no further nominations, the chairman declared the nominations closed.

Appendix 2

ELECTED OFFICERS, OFFICIALS, COUNCILS 1973-1974

President	J.E. Abra, Winnipeg
President-elect	J.F. Reid, Vancouver
Immediate Past President	D.K. Peters, St. John's
Chairman of the Board	W.P. Munsie, Vancouver

COUNCILS

Executive.....	J.E. Abra, Winnipeg, Chairman	
	D.K. Peters, St. John's	
	J.F. Reid, Vancouver	
	D.C. Clee, Toronto	1975(1)*
	H.L. Mussells, Montreal	1974(1)
	S. Silver, Montreal	1976(1)
	F.T. Wihak, Regina	1974(1)
Constitution & By-laws	H.R. MacLean, Edmonton	1974(1)
	P.S. Christie, Halifax	1975(1)
	H. Brouillet, Montreal	1976(2)
	W.J. Spence, Toronto	1975(1)

* indicates first term of office
expiring in 1975

** indicates filling unexpired term

NOMINATIONS

Education	E.R. Ambrose, Montreal	1975(1)
	R. Coulombe, Lachine	1976(1)
	M.J. Cripton, Moncton	1974(2)
	G.E. Decker, Edmonton	1976(2)
	W.H. Feasby, London	1975(1)
	A.G. Hannam, Vancouver	1976(1)
	L.G. Mandin, St. Paul	1976(2)
	J.D. McLean, Halifax	1976(1)
	J.D. Purves, Toronto	1974(1)
Ethics	M.B. Archambault, Montreal	1976(1)
	J.P. Beattie, Winnipeg	1976(1)
	G.E. Decker, Edmonton	1974(2)
	R.A. Epstein, Halifax	1975(1)
	K.F. Pownall, Toronto	1974(2)
Health Care	J.A. Alexander, Ottawa	1975(1)
(see note at end of report)	C.P. Daly, St. John's	1974(1)
	R.G. Dickson, Drumheller	1976(1)
	J.T. Dowd, Moncton	1974(1)
	D.A. Eisner, Halifax	1974(1)
	D.E. MacFarlane, Vancouver	1976(1)
	J.W. Mackay, Saskatoon	1975(1)
	S. Norquay, Winnipeg	1975(1)
	J.R. Robertson, Summerside	1976(1)
	S. Silver, Montreal	1976(1)
Hospital Services	K.C. Bentley, Montreal	1975(2)
	S.M. Claman, Winnipeg	1974(1)
	G.K. Hurd, Kitchener	1975(2)
	A.G. Parnell, London	1974(1)
	P. Surprenant, Sherbrooke	1975(1)
Information Services	D.V. Allen, Windsor	1974(1)
	G. Baril, Montreal	1975(1)
	W.B. Chapple, Toronto	1974**
	G.J. Chong, Toronto	1975(1)
	W.J. Spence, Toronto	1975(2)
Insurance and Investment	F.J. Furlong, Windsor	1974(1)
	R.A. Hugill, Toronto	1974(1)
	Y. Poulin, Quebec	1976(1)
	R. Rasmussen, Calgary	1976(2)
	D.C. Steeves, Moncton	1976(2)
	D.C. Way, London	1974(1)
	O.F. Wright, Vancouver	1974(1)
Legislation	H.C. Bugden, Ottawa	1976(2)
	K.F. Pallett, Ottawa	1974(2)
	O.H. Phillips, Ottawa	1975(1)

NOMINATIONS

Nominations.....	L. Bernier, Quebec	1976(1)
	D.C. Clee, Toronto	1974(1)
	J.F. Reid, Vancouver	
	W.R. Upton, Vancouver	1975(1)
Research	A.P. Angelopoulos, Halifax	1975(2)
	S.M. Borden, Winnipeg	1975(1)
	R.C. Burgess, Toronto	1974(2)
	P.C. Desautels, Montreal	1974(1)
	J. deVries, Montreal	1975(1)
	H.M. Dick, Edmonton	1975(2)
	A.J. Gwinnett, London	1975(1)
	C.S.C. Lear, Vancouver	1974(2)
	J.E. Stakiw, Saskatoon	1974(1)
	N.R. Thomas, Edmonton	1975(2)

(Note: selection of terms for members of the Council on Health Care was determined by a draw conducted on the floor of the Board of Governors' meeting, in accordance with resolution contained in paragraph 10 of the report of the Council on Constitution and By-laws)

On motion from the floor:

that the ballots for election of officers and Council members be destroyed.

Adopted

EXECUTIVE: P. Mercier, President, Montreal; S. Weinberg, President-Elect, Toronto; G. Maranda, Secretary, Quebec; V.K. Seth, Treasurer, Vancouver; A.E. Swanson, Immediate Past President, Vancouver

R E P O R T

1972 ANNUAL MEETING

1. The 1972 meeting was held in Harrison Hot Springs, British Columbia, from June 29 to July 1. It was well attended with close to one hundred participants. R.V. Walker, President of the American Society of Oral Surgeons, Professor and Chairman of the Division of Oral Surgery of the University of Texas, was the guest speaker. The topics were "Temporo-mandibular joint dysfunctions" and "Maxillo-mandibular deformities".

1973 ANNUAL MEETING AND THE 20th ANNIVERSARY CELEBRATION

2. The 1973 meeting will be held in Mont-Gabriel, Quebec, from October 7 to October 9 - the Thanksgiving Weekend. Mr. John Hovell of London, England, will be our guest clinician.
3. The 20th anniversary of the Society will be emphasized with a historical review and presentation of awards to past presidents.

LIST OF ORAL SURGICAL PROCEDURES WITH RELATIVE VALUES

4. In cooperation with the CDA Council on Dental Services, a comprehensive list of oral surgical procedures with their relative values was drawn. Also the inventory of oral surgical acts under Medicare in the different provinces was tabulated.

RELATIONS WITH THE AMERICAN SOCIETY OF ORAL SURGEONS

5. A reduction in dues for affiliate Canadian members of the American Society of Oral Surgeons and the opening of their annual meeting to non-members on a reciprocity basis were discussed. Final action will be taken by the Board of Trustees of the ASOS.

ANNUAL ESSAY AND RESEARCH AWARD CONTEST

6. Terms and regulations of an annual contest, for encouragement among members and residents in oral surgery, in the form of essays and research work were finalized.

MEDICARE

7. An ad hoc committee was formed to study an actual Medicare discriminatory clause which covers oral surgery in offices for physicians only. The

constitutionality of such a federal by-law was examined by legal experts under the initiative of the BC Society of Oral Surgeons.

PERMANENT SECRETARIAL OFFICE

8. Steps have been taken to look into the possibility of sharing with other groups a permanent secretary within the CDA headquarters.

FUTURE MEETINGS

9. The Society will hold its 1974 annual meeting with other dental specialty groups in Toronto from September 28 - October 1. The combined meeting will stimulate exchanges in fields of common interest.

This report is informative. The Section is commended for its extensive work throughout the year.

EXECUTIVE: J.S. Little, President, Edmonton; F.J. Furlong, President-elect, Windsor; D.A. Eisner, Vice-President, Halifax; J.J. Schacter, Secretary-Treasurer, New Westminster

R E P O R T

1972 ANNUAL MEETING

1. The 1972 annual meeting of the Canadian Association of Orthodontists was held in Montreal, June 4 to 6.
2. A motion was adopted that no funds that are voluntarily contributed by or solicited from a commercial enterprise be used for the benefit of the members or for a meeting. However, such funds, if accepted, may be used for special funds or purposes of the Association as determined by the Executive and the Association.
3. The Constitution and By-laws Committee submitted suggested further changes to the Canadian Association of Orthodontists that they felt were desirable.
4. Nine new members were elected to membership in the Association.
5. A motion was adopted that the Association favors a conjoint meeting of the CDA specialty groups and the RCDC in 1973.
6. Dr. H.E. Bulyea of Edmonton was made an honorary member of the Canadian Association of Orthodontists in recognition of his contribution to dentistry and to orthodontics.
7. A motion was passed that in the future our members be urged to register for both the CDA and CAO Conventions.
8. A letter of congratulations was sent to Dr. John Abra on being elected President-elect of the Canadian Dental Association.

MEETING IN VANCOUVER

9. The clinical program in Vancouver will deal with "Facial Growth and Development", "The Cleft Palate Patient", "Group Orthodontic Practice", and "Surgical Orthodontics". Some measure of inter-specialty endeavour will be achieved with orthodontists, oral surgeons, plastic surgeons, prostheticians, and a geneticist speaking to the Association.
10. A committee has been struck to bring a report to the 1973 Annual Meeting of the Association suggesting some guidelines for increased utilization of auxiliary personnel in orthodontic practice.

This report is informative.

EXECUTIVE: J.G. Perreault, President; N. Levine, Past President;
R.S. Margolis, Vice President; B.A. Richardson,
Secretary-Treasurer

R E P O R T

1. The Canadian Academy of Paedodontics sponsored a two-day meeting in Montreal on June 3 and 4, 1972. The sessions were open to all.
2. The program was organized by Dr. J.G. Perreault and featured eleven prominent speakers.
3. The Academy wishes to thank the Canadian Dental Association for the financial assistance for the 1972 program realized through the shared registration arrangement.
4. Membership has increased by forty percent during the past year and hopes are high for the future.
5. On November 11, 1972 in Winnipeg a meeting of representatives of the Canadian Academy of Paedodontics and the Canadian Society of Dentistry for Children took place. Points of interest were discussed including a possible merger which, judging from discussions, was deemed to be impossible at the present time. However, new avenues of co-operation and understanding were opened.
6. The Canadian Academy of Paedodontics received a copy of "A Proposal for the Dental Program fo Children in Saskatchewan" prepared by the Saskatchewan Government. Comments were made and sent to the Government and to the Advisory Committee studying the program. Unfortunately the document was received very late and time given to its study was very short.
7. The executive appointed Dr. Jinks of Vancouver as Paedodontic Chairman for the meeting in Vancouver in 1973. He will work with Dr. Khanna of the University of British Columbia.
8. The 1974 meeting of the Academy will take place in Toronto under the auspices of the Royal College of Dentists of Canada.
9. The 1975 meeting, in all probability, will take place in Toronto jointly with the Toronto chapter of the Canadian Society of Dentistry for Children, and will be a two-day meeting. It will be a National Congress of Dentistry for Children.
10. The Academy has sent newsletters to its members. It is thought that this form of information has made for better understanding and communication.
11. All members of the Canadian Academy of Paedodontics are encouraged to publicize the Academy, to attract new members and to attend annual meetings. A special invitation is made for the Toronto meeting in 1974, and for the Toronto meeting in 1975 which will be the first national meeting of all those who provide dentistry for children. Hopes are high for a good convention. The success rests with the members.

No member of the executive of the Canadian Academy of Paedodontics was present when the section report was considered. For this reason, the following resolution is presented:

Whereas adequate background information is necessary to assist the Board of Governors in reaching knowledgeable decisions on presentations made to it, be it

Resolved

that CDA Council Chairmen and Section Presidents or their designated representatives be urged to attend Board of Governors' meetings at which their Council or Section annual reports are considered and

that the Manual for the Conduct of the Board of Governors Meeting include a reminder to these officials that their attendance is requested.

Adopted

EXECUTIVE: Claude Durand, President, Montreal; Alex Drennan, President-elect, Vancouver; J.D. Stewart, Secretary-Treasurer

R E P O R T

ANNUAL ASSEMBLY

1. The annual assembly of the Canadian Academy of Periodontology was held at the Bonaventure Hotel, Montreal, at the same time as the CDA annual Convention in June 1972. The speakers were: Dr. G. Kramer, periodontist, and Dr. Yves Tellier, paedodontist.
2. The 1973 meeting is scheduled for October 12-13 at the Hotel Vancouver, immediately before the CDA Convention. Contrary to previous years, this year's meeting will feature several speakers presenting different subjects.

MEMBERS

3. The Academy has 77 active members, 31 associate members, and 2 honorary members.

NOTEWORTHY ACCOMPLISHMENTS

4. In the area of prevention of periodontal disease, the Academy has sent brochures to about one hundred Canadian publications, in the hope that they will publish the material.
5. Always with a view to keeping the general practitioner informed in the area of periodontology, the Academy has published its annual bulletin in the CDA JOURNAL, August issue.

This report is informative.

David K. Peters

R E P O R T

1. I wish to express to the members of the Board of Governors and to the Canadian Dental Association as a whole my sincere thanks for the honour of serving as its President, for the hospitality and many kindnesses extended while carrying out the duties of the office and for the help and encouragement received from so many sources during the year.
2. On behalf of the Association, I wish to welcome you to Vancouver in beautiful British Columbia. For a President whose backdoor is virtually washed by the grey Atlantic it is a pleasure to renew acquaintance with the blue Pacific and the vast Canada which lies between. The Convention and Local Arrangements Committees under Dr. Murray Cornish and Dr. Don Marshall have been working diligently throughout the entire year to achieve one of the best meetings ever. We trust that it will be enjoyable and rewarding for all. Certainly the site leaves little to be desired. We miss those who have retired from office and are grateful for the contributions they have made. We welcome all Board members - old and new, officials and staff.

CFDE CAPITAL FUND

3. The CFDE Capital Fund Campaign under Dr. John Abra's direction was initiated in March. At this time one quarter of the objective has been reached and in many areas the returns have been most encouraging. It is hoped that as the information about our project reaches all the dentists in Canada that the per capita response will continue to be as good as it has been up to now. Board members have a great responsibility in bringing to fruition this magnificent concept to endow dental education in perpetuity. We are grateful to all who have contributed so generously and to those who have assisted in the campaign.

OTTAWA HEADQUARTERS BUILDING

4. Plans for our headquarters building have been progressing. Various legal, zoning and building regulations have been satisfied. The start of construction awaits only the satisfactory completion of financial arrangements and it is hoped that at this meeting our confidence in the future of Canadian dentistry and the generosity of our members will enable us to take the decision to commence construction. We must keep in mind the pressing needs of our Association for space to function efficiently and of the commitments we have made in the utilization of the Ottawa site. Our staff is loyal and competent. Our appreciation goes to them for the support they give the Association. An adequate and pleasant place of work is a reasonable obligation we have to them.

ODA - CDA

5. Many meetings have been held between executives of both organizations in light of the upcoming voluntary membership in Ontario. Many areas of concern have been discussed and mutual agreement has been reached on all important points. A definition of voluntary conjoint membership has been agreed upon and a co-operative spirit exists which will endeavour to overcome the difficulties which the new Ontario legislation is creating for our corporate member in Ontario.

CDSPQ - CDA

6. Decisions taken by the Board of the College of Dental Surgeons of the Province of Quebec are matters of concern for every member of the Canadian Dental Association. We are proud that our national organization includes virtually every practising Canadian dentist and will feel severely injured if this position is jeopardized. Every effort must be made to retain in our Association ten strong and responsible corporate members, each contributing to our profession on a provincial and a national level. Mutual trust and respect must be the goal which, I am convinced, can be achieved through free and open communication between men of goodwill. In changing times it is certain that the constitution of CDA must be flexible enough to embrace changing concepts. We trust that consideration of the CDSPQ decisions will be made with the best interests of our national association, our provincial associations and Canadian dentists in mind.

CAP and CARD

7. As directed by the Board in 1972 (1972T65) the Executive Council assumed responsibility for the redefining of prosthodontics with a view to resolving the overlapping areas of concern between the present definition of prosthodontics and restorative dentistry. I convened a meeting of representatives of the two Academies, the CDA Council on Education, and two of my own appointees in September 1972. A new definition was developed and was recommended by the Executive Council to the Council on Education for transmittal to the Board. (see paras. 22-23 of the Council on Education report).

SASKATCHEWAN PLAN

8. The province of Saskatchewan has embarked on a plan to train dental nurses to provide dental treatment for its school children. The Association, at short notice, was invited to submit a brief to that government's Advisory Committee. Dr. McIntosh and Dr. Wihak appeared before the Advisory Committee and many of our recommendations for improvement in the plan have been passed on to the government of Saskatchewan.

STANDARDS COUNCIL

9. During the year the President was chosen from a list of several nominees by the Government of Canada to serve on the Standards Council, representing

the Canadian Dental Association. This enables the Association to have a voice among a responsible section of the business and industrial community and from it benefits may accrue to the Association's standards program.

DR. FRANK COMPTON

10. The Association has accepted with great regret the resignation of our JOURNAL editor, Dr. Frank Compton, and expresses its thanks to him for his years of service to the Association. The excellence of his work has been annually commended and we again express our appreciation. We wish him well in his new career.

DR. ROBERT GRAINGER

11. As successor to Dr. Compton and as Director of the Bureau of Dental Statistics, the Association is proud to have secured the services of Dr. Robert Grainger. His vast training and experience inside and outside dentistry should bring to these two important positions great wisdom and knowledge.

CONTINUING EDUCATION

12. The culmination of many months' planning by the Council on Education and the Conference Chairman, Dr. George Beagrie, resulted in a very comprehensive and detailed study by a representative group of people concerned with continuing education in dentistry in Canada. The Conference report is surely a landmark in guiding the future of our continuing education programs.

FDI

13. The resolution passed by the Board last year (1972T164) enabling the President and his lady to attend the annual FDI meeting is greatly appreciated. Besides being enjoyable and edifying for the President and his wife, this decision gives the FDI reassurance of the significance CDA holds for international dentistry and puts CDA in touch at this level with leaders in the many member countries whose presidents do make a practice of attending. We congratulate our Executive Director, Dr. McIntosh, on being elected a Vice-President of the Federation.

MILESTONES

14. The Association is honoured by and wishes to congratulate its present and former Executive Directors, Doctors McIntosh and Gullett, on being the recipients of honorary degrees from the Universities of Saskatchewan and Western Ontario respectively, the former being on the occasion of the graduation of the first class of the Faculty of Dentistry, University of Saskatchewan - itself a milestone in Canadian dentistry.

PRESIDENT

15. We were happy to extend to our most senior colleague, the distinguished Dr. Henry Ernest Bulyea of Edmonton, congratulations on attaining his centenary.
16. We were honoured to represent the Association on the sad occasion of the funeral of a distinguished Past President of this Association, Dr. K.M. Johnson of Winnipeg.

SITATIONS

17. Perhaps the most important responsibility of the President is to represent the Association to its members across the country and to the public at large. This year the President's visitations have taken him nearly 100,000 miles on the business of the Association. One is always conscious of the responsibility it is to represent Canada's 8,000 dentists. The extreme kindness and respect received clearly indicate the esteem in which our members hold the Association and the distinguished colleagues who have gone before. The President and his wife have visited as many organizations as possible. No invitation from a Canadian dental group was declined and just two meetings were missed due to transportation difficulties. In both cases our Executive Director more than capably carried on. His support during the year in many ways has been most necessary and most appreciated. A particular effort has been made to visit dental schools where one finds students alert and enthusiastic and faculties vitally interested in the affairs of the Association. Visits were also made to two of the dental assisting training programs at Nova Scotia Institute of Technology and Holland College in Charlottetown, PEI.
18. Representing the President at meetings of the Canadian Medical Association in Vancouver and the Canadian Pharmaceutical Association in Edmonton were Doctors Wessley Munsie and Hector MacLean and our thanks go to them.
19. The President has also endeavoured to attend Committee and Council meetings during the year and has managed to meet with the Convention Committee, the joint meeting of the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry, the 1973 Teaching Conference and the Committee on Standards for Dental Materials and Devices. One must be impressed by the skill and diligence which Council and Committee members bring to their deliberations and the President, for his part, expressed to all the appreciation that Canada's dentists have for the work they do and pledged the Association's co-operation in their undertakings.
20. During his visitations the President was called upon to meet the press and participate in radio and TV interviews. Feeling that we should be as communicative as possible with responsible news media and, despite the hazards involved, we welcomed this opportunity to represent our Association, and trust that no serious embarrassments or misrepresentations have occurred.

CONCLUSION

21. To every fair-thinking Canadian dentist the importance of a strong national

dental association must be self-evident. As governors, ours is the responsibility of guiding it wisely, of fostering its health and stature, of making it more useful and important to the dentists within its jurisdiction.

22. The policies and programs of our Association are surely the best that the limits of our minds and pockets can provide but have we always made our members aware of them? Have we communicated to our constituencies the benefits which CDA provides? And have we been listening to what the grass-roots of our profession want to tell us?
23. I submit that it is in the area of communication that we are faltering, that this area is the one in which we currently have our greatest responsibility, that where communication exists between a governor and his constituents the CDA is strong, that if CDA fails it will be inasmuch as we failed to communicate with our members our enthusiastic support for it. We, its governors, make CDA what it is. No one has a more vested interest in our Association or a greater responsibility for it.
24. We can employ professional communications folk and we can enlist the support of other organizations and committees but, as our most effective public relations are established through the individual contact with the patient in the chair, so our communication with the dentists of Canada is best achieved by personal contact between them and those who are the decision makers.
25. Travelling throughout our great country one sees a vital interest in and a loyalty to our Association. The optimism and faith which inspired its inauguration seventy years ago is still very much in evidence, despite obvious pockets of antagonism and gloom. While not relaxing our best efforts to dispel this latter, we must surely build on the solid foundation which has been established, retaining what we have which is of merit and adapting to changing conditions, so that united, organized dentistry will be strong and wise enough to answer its critics and to meet the great challenge we face in fulfilling the dental health needs of the Canadian people.

SCHEDULE OF PRESIDENTIAL VISITS

1972: July	19	Toronto	Meeting with Executive Director; International Association of Christian Physicians & Dentists
Sept. 8-10		Timmins	Northern Ontario Dental Assoc. Convent
Sept. 10		"	CDA/ODA Liaison Committee meeting
Sept. 11-12		Toronto	ADA Trustees/CDA Executive Cl. Conferen

PRESIDENT

Sept. 16	Corner Brook	Newfoundland Dental Assoc. annual meeting
Sept.17-20	"	Atlantic Provinces Dental Convention
Sept.25-27	Toronto	Conference on Continuing Education
Oct. 16	Ottawa	Standards Council meeting
Oct.22-23	Montreal	Montreal Fall Clinic
Oct.23-27	Mexico City	XV World Dental Congress of FDI
Oct.29-Nov. 3	San Francisco	American Dental Assoc. annual meeting
Nov.22-22	Toronto	CDA Executive Council meetings
Nov.23	"	Toronto Academy of Dentistry
Nov.24-25	"	Ontario Dental Assoc.Board of Governors
Dec. 7- 8	"	Secretaries' Conference
Dec.11	Montreal	Montreal Dental Club Black Tie Dinner
1973:Jan. 22	Ottawa	Standards Council meeting
Jan. 31	Montreal	McGill University dental student- faculty banquet
Feb. 2- 3	Winnipeg	Manitoba Dental Assoc. Convention
Feb. 5	Ottawa	Meeting with Prime Minister Trudeau
Feb. 6- 7	Toronto	Dental Health Week promotions
Feb. 7	Toronto	Faculty of Dentistry, U.of Toronto
Feb.12	Halifax	Halifax County Dental Society
Feb.13	Charlottetown	Prince Edward Island Dental Assoc.
Feb.14	Fredericton	New Brunswick Dental Associatio
Feb.15-16	Quebec City	La Societe Dentaire de Quebec
Feb.16	"	L'Ecole de Medicine Dentaire, Universite Laval
Mar.14	Montreal	McGill Faculty of Dentistry table clinic night
Mar.15	"	Univ.de Montreal Faculty of Dental Medicine
Mar.15	Toronto	CDA/ODA Liaison Committee meeting
Mar.26	Ottawa	Ottawa Dental Society meeting
Mar.27	Sudbury	Sudbury & Dst.Dental Society
Mar.29	London	London & Dst.Dental Society
Mar.30	"	Faculty of Dentistry, University of Western Ontario
Apr. 2- 4	Toronto	CDA Executive Council meeting
May 3- 6	Regina	Saskatchewan College of Dental Surgeons convention
May 10	Montreal	CDSPQ/CDA Liaison Committee
May 11-12	Toronto	Ontario Dental Assoc.Board of Governors
May 13-16	"	Ontario Dental Assoc.Convention
May 15-17	Halifax	Dalhousie University Convocation and Post College Assembly
May 27	Montreal	Mount Royal Dental Society annual banquet
June 1- 3	Digby	Nova Scotia Dental Assoc. annual meeting
June 4	Ottawa	Standards Council meeting

PRESIDENT

June	5	Base Borden	Canadian Forces Dental School
June	6	Wingham	Wingham & Dst. Dental Society
June	7- 8	Lethbridge	Alberta Dental Association Convent
June	25-26	Winnipeg	Western Provinces Dental Conferenc
June	27-30	"	Western Canada Dental Society Con
July	15-20	Sydney, Australia	61st Annual Session of FDI
Sept.	7- 9	Kirkland Lake	Northern Ontario Dental Assoc. Con
Sept.	10-11	Toronto	CDA Executive Council meetings
Sept.	16-19	Charlottetown	Atlantic Provinces Dental Conventi

Our President and Mrs. Peters have served the Association over an extended term of office and the Board wishes to record its sincere thanks and appreciation for their untiring efforts.

EXECUTIVE: W. Brock Love, President, Winnipeg; G.A. Zarb, President-elect, Toronto; D.V. Chaytor, Vice-President, Halifax; W.G. Woods, Secretary-Treasurer, Toronto; P.S. Sills, Assistant Secretary, London

R E P O R T

1972 ANNUAL MEETING

1. The annual meeting of the Canadian Academy of Prosthodontics was held in Montreal from June 3-4, 1972. Fifty-four members and forty-six guests attended the scientific session.

MEMBERSHIP

2. Active Members: 93
Associate Members: 7
Life Members: 3

NEW MEMBERS

3. W.R. Scott of Vancouver and J. Leo Bourget of Bordon, Ontario, were admitted as new members.

CARD AND CAP

4. President Love was asked to and did arrange for a combined meeting with the Canadian Academy of Restorative Dentistry.
5. D. Kepron and G.A. Zarb were appointed as CAP representatives to the CDA President's Special Committee to Define Prosthodontics.
6. The CAP endorses the new definition proposed by the Council on Education (see para. 23 of the Council on Education report) with the request that the word "prosthodontics" following "maxillofacial" be replaced by the word "prosthetics" (last word in the third paragraph). The following resolution is suggested for Board approval:

Resolved

that the word "prosthodontics" following the word "maxillofacial" in the third paragraph of the Council on Education's proposed definition of prosthodontics (para. 23 of C.Education report) be replaced by the word "prosthetics".

As action on this resolution has been taken through the report of the Council on Education, no further consideration was required.

7. The CAP is considering relinquishing its section status in favour of the newly formed Association of Prosthodontists of Canada. (see Executive Council report)

NECROLOGY COMMITTEE

8. The CAP notes with regret the passing of a former President, Charles H. Moses, and wishes to record its recognition of the fact that Dr. Moses was largely responsible for the formation of the Canadian Academy of Prosthodontics.

EXECUTIVE: F. McCombie, President, Victoria; Lt.Col. J.V.P. Chatwin, President-elect, Ottawa; A.T. Salter, Treasurer, Edmonton; J.M. Conchie, Secretary, Surrey.

R E P O R T

1972 ANNUAL MEETING

1. The 1972 annual meeting of the Canadian Society of Public Health Dentists was held in Montreal on June 6.
2. At the scientific session, a panel consisting of Drs. J.P. Lussier, G. Cusacq-Hall and G. Pelletier discussed legislation and public health programs. The meeting was well attended by other members of the CDA as well as members of this Society.
3. Four new members were elected to active membership. Three applications for associate membership were approved. There are at present seventy-five active members.

SPECIALTY APPLICATION

4. In the matter of an application for specialty status submitted by this Section to the Council on Education, the Board of Governors of the CDA followed the recommendation of the Council that decision be deferred for one year pending receipt of additional information concerning the proposed second year training program.
5. A committee with Dr. D.W. Lewis as chairman was appointed to pursue this matter and submit the required information to the Council on Education. The amended application was subsequently considered at the Council's April 1973 meeting.
6. The Council on Education has voted to support this application. Their recommendation will now be placed before the 1973 meeting of the Board of Governors.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

7. A communication was sent to the Minister of National Health and Welfare by the President of this Society in which was stressed the need for retaining a strong dental division within his Department which is currently undergoing certain organizational adjustments.

PUBLIC RELATIONS

8. Due to the fact that it was not possible to obtain the services of an editor for the NEWS BULLETIN during the past year, publication had to be suspended. It is hoped that this situation will be remedied at the next annual meeting as, with the rapid growth of community preventive dental programs, it is most important that interprovincial communication between members be retained at a high level.

This report is informative.

MEMBERS: N.R. Thomas, Chairman, Edmonton; A.P. Angelopoulos, Halifax; R.C. Burgess, Toronto; P.C. Desautels, Montreal; H.M. Dick, Edmonton; J. deVries, Montreal; S.M. Borden, Winnipeg; C.S.C. Lear, Vancouver; J.E. Stakiw, Winnipeg; A.J. Gwinnett, London (resigned in May 1973 to take up a new appointment in Stoney Brook, New York)

COUNCIL MEETING

1. The Council on Research met at CDA headquarters on June 7 and 8, 1973. Apologies for absence were received from Drs. Lear and Stakiw. Also in attendance were: A. Demirjian (June 7 only), Chairman of the CDRF Awards Committee; Z. Kasloff, Chairman of the Committee on Standards for Dental Materials and Devices; D.C. Smith, Chairman of the Canadian Advisory Committee to the ISO/TC 106 and member of the Committee on Standards for Dental Materials and Devices; R.W. Campbell (June 8 only), Chief of Medical Devices, Health Protection Branch, Department of National Health and Welfare; CDA staff.

COMMITTEE ON DENTAL THERAPEUTICS

2. Information on the acceptability or otherwise of a great variety of therapeutic agents that may or may not be used for dental purposes in Canada is not immediately available. Requests to Council regarding therapeutic agents have been referred when appropriate to the Council's Committee on Standards for Dental Materials and Devices or to the Food and Drug Directorate, but neither of these agencies is qualified to answer many questions that are basic and pertinent to the practice of dentistry in Canada. Nor does information provided by the Council on Dental Therapeutics of the American Dental Association necessarily relate to the Canadian situation, although in this context a representative from this Council to the American Council on Dental Therapeutics would prove very helpful.
3. Council supported the principle of establishing a Committee on Dental Therapeutics and Dr. Joan deVries was asked to study the matter further and to propose to Council at its 1974 meeting suggested terms of reference for the Committee, a methodology, and anticipated financial requirements. Council's decision will be reported to the Board in 1974.

FLUORIDATION

4. The CDA Fluoridation Officer reviewed the fluoridation picture in Canada at the present time. The relative paucity of fluoridation programs reflects the need for a vigorous promotional endeavour in which the CDA has an undoubted role.
5. Council therefore expressed its deep concern at the loss of the Association's Fluoridation Officer before alternative arrangements

for assuming the responsibilities of fluoridation promotion and for gathering, compiling and dissemination of fluoridation statistics had been clearly identified and established by the Association, the Department of National Health and Welfare or some other appropriate organization.

6. Council expressed its sincere appreciation to Mr. Lloyd Bowen for his many years of vigorous effort in the promotion of fluoridation in Canada. It is hoped that some means will be found so that the CDA may continue to draw on Mr. Bowen's expertise in the future. (see Executive Council supplemental report)

CANADIAN DENTAL RESEARCH FOUNDATION

7. The number of candidates for the award increased for the year 1972-73. This is in part due to improved advertisement of the competition: researchers themselves in addition to the dental administrators were informed of the competition. Council suggested that the award should be publicized in the JOURNAL of the CDA. Council also made several suggestions for amending the terms of the competition and it was agreed that the CDRF Award Committee would consider the development of further recommendations that would better meet the objectives of the award, viz. the encouragement of research in Canada.
8. This year's winner of the award is Dr. Helene Lemay-Laliberte, whose graduate work was carried out at the Universite de Montreal in the field of pulp physiology and its pharmacological significance.
9. Council received the auditor's statement for the Canadian Dental Research Foundation and appointed the following officers for the year 1973-74: C.S.C. Lear, President; N.R. Thomas, Executive Member; W.G. McIntosh, Secretary.

RESEARCH GRANTING AUTHORITIES IN CANADA

10. Council has expressed interest and appreciation to the Department of National Health and Welfare for its statement of funds available under the Public Health Research Grant and the new National Health Grant for dental research in 1972. It is felt that an effort should be made to obtain similar information from the Medical Research Council and other appropriate funding agencies. This is particularly necessary since the CDA Research Council has received several reports through Council members of dissatisfaction with present funding policies for dental research in Canada. While the dissatisfaction may be real or imagined, the obvious fact that the objective (viz. the encouragement of dental research in Canada) has not been met is of great concern to this Council.
11. It was resolved that invitations would be sent to specific representatives of MRC and DNH&W to attend the CDA Council on Research meeting in 1974 and to provide up-to-date information regarding granting policy and funding to dental researchers.

The Board agrees with the concern expressed regarding the funding of dental research in Canada.

CANADIAN FUND FOR DENTAL EDUCATION

12. Mr. D.M. McDonald, Executive Director of the CFDE, presented an up-to-date commentary on the success of the Fund and the achievements of the past year. In particular, he observed that the trustees of the Fund had had pleasure in noting how well the 7th Biennial Conference on Dental Research and Education had been organized and the expenses controlled. Council expressed to the trustees through Mr. McDonald its appreciation for their continuing support of Council programs and related activities,

CANADIAN COUNCIL ON ANIMAL CARE

13. Dr. A.P. Angelopoulos reported on the annual meeting of the Canadian Association of Laboratory Animal Science held in Edmonton in the summer of 1972. Council expressed its gratitude to Dr. Angelopoulos for his report and reappointed him as Council representative for a further year

SYMPOSIUM ON HEALTH RESEARCH PRIORITIES IN CANADA

14. Dr. P.C. Desautels attended this symposium on behalf of the Council and presented an excellent report, which is on file at CDA offices.
15. Council expressed disappointment that dentistry had not been included in the organization of the Symposium and asked the Council Chairman to write to the Chairman of the Symposium in an effort to determine the reason. This must be regarded as a particularly pertinent enquiry since, as was observed by a Symposium speaker (Dr. H. Genest, Scientific Director of Clinical Research, Montreal) dentistry is one of three most neglected areas in research - surgery and obstetrics comprising the other two.
16. Council also noted Dr. Desautels' suggestion that there should be a "Symposium on Dental Research Priorities in Canada". Action in this respect will await the reply from the Chairman of the Symposium in Health Research Priorities.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

17. Dr. N.R. Thomas reported on the activities of the Research Committee of the ACFD to which he is Council's representative. It was apparent to Council following the report that the objective of both Council and Committee coincided with respect to the much-needed encouragement of dental research in Faculties of Dentistry, particularly by clinical teachers. Efforts were being made to ascertain the causes for the small volume of dental research by Faculties of Dentistry in Canada. It appears that many potential dental researchers are deterred from research through heavy commitment to teaching, clinical and administrative duties as well as difficulty in obtaining funds for researchers whose time in research

would of necessity be limited. Several sub-committees were set up by ACFD to resolve these difficulties and to explore the possibilities as well as the plausibility of originating a Dental Research Institute in Canada where staff would be relatively free of teaching, clinical and administrative duties. It is envisaged that such an Institute should be free of the encumbrances of a provincial Department of Research. Its possible attachment to the new CDA headquarters in Ottawa was mentioned. Council expressed interest in these tentative proposals and encouraged Dr. Thomas to present more concrete resolutions for consideration at Council's meeting in 1974.

18. Some concern was expressed lest the Council on Research duplicated the activities of the ACFD Research Committee. This was however more apparent than real since several members on the Council also served on ACFD Research Committee, and it was inevitable that the broad interests of CDA Council on Research would encompass that research undertaken by Faculties of Dentistry. But there are many other areas of research involving the dental profession at large that are beyond the scope of ACFD and rightly the province of CDA. Integration between the other areas of research and those undertaken in Faculties of Dentistry was clearly a priority of the Council and in this regard it was commendable that the objectives of dental research in Faculties of Dentistry should coincide for both the CDA Council on Research and the ACFD Committee on Research. Strong liaison between Council and Committee should ideally evolve common objectives as is indeed the case. It appeared not so much duplication of effort that was occurring but a division of labour between Council and Committee so that the agreed objective might be more effectively realized.

STATEMENT ON FLOSSING

19. In answer to a request from a commercial concern for endorsement by the Council of a statement regarding flossing, Council expressed the opinion that until CDA had its own standards acceptance program in effect the name of the Canadian Dental Association should not be used for any new commercial purposes.

MOUTHGUARDS FOR CONTACT SPORTS

20. The concern of CDA Council on Health Care that mouthguards were often inadequately used or defective was relayed to the Council on Research. Council was also apprised of the Committee on CSA Protection Equipment to which Dr. A.W.S. Wood is the dental representative. This Committee has now set standards for all hockey helmets sold in Canada. Standardization for football helmets is in a stage of finalization. It was apparent, however, from Dr. Wood's report that further research should be done on blanks used for intraoral mouthguards since their import from the USA occurred at inordinate cost. The profession could encourage the use of intraoral mouthguards and in view of this concern the Council on Research requested that its Committee on

Standards for Dental Materials and Devices should work with Dr. Wood in this important activity.

21. Council directed that its appreciation of Dr. Wood's contribution be so conveyed together with the pledge of Council's assistance and support if required.

MAN AND RESOURCES CONFERENCE

22. A "Man and Resources Conference" under the sponsorship of the Canadian Council of Resource and Environment Ministers will be held from November 18 to 22, 1973. Possible interests of the dental profession include fluoridation, mercury poisoning, polymers, and pollution dangers of any dental materials. Dr. D.C. Smith, Toronto, was requested to contact the organizers of the Conference with a view to developing a resource paper to be read there.

IADR SPEAKERS' BUREAU

23. Council was requested by the Dental Materials Group of the International Association of Dental Research for a list of formal dental organizations or study clubs in Canada which might be interested in receiving a list of qualified speakers in pertinent areas of materials used in clinical dentistry. Council asked the CDA Executive Director to contact provincial corporate members for a list of study clubs and associations that might be interested in the IADR offer.

CONVERSION TO THE METRIC SYSTEM

24. Council was informed of correspondence received from the Metric Commission regarding conversion to that system. Council agreed that if representatives from the dental profession were requested, the Council on Research or its Committee on Standards should be asked to make the appointments.

CDA JOURNAL

25. The Council was pleased to receive a short report on JOURNAL activities from Miss Diane Charter, Acting Editor. Council expressed its general satisfaction with the JOURNAL and its current policies. It did, however, recommend adoption of a more aggressive attitude with respect to scientific publications, with the suggestion that original articles should be searched out rather than awaited.

DENTAL RESEARCH IN CANADA

26. In 1972 CDA Council on Research appointed C.S.C. Lear, N.R. Thomas and A.P. Angelopoulos (chairman) to conduct a survey of all those involved in dental research in Canada. Their interesting

report was presented to Council. Copies of the full report are available on request; a summary of the report is appended. (Appendix 1)

27. Council expressed its thanks to Dr. Angelopoulos and his committee for this very thorough report. They believed the statistics would be helpful to Dr. Burgess who has been charged with the responsibility of preparing a statement on the position of dental research in Canada for subsequent submission by Council to the Medical Research Council, the Department of National Health and Welfare and other granting authorities.

COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

28. Dr. Kasloff, chairman of the Committee, was thanked for the presentation of his excellent report on the work of the Committee for the past year (Appendix 2), which includes a detailed five-year projection of objectives and related expenses. Council believed this projection to be realistic, although realizing that the activity could not be supported by normal revenues of the CDA.

29. The following resolution is presented for Board approval:

Resolved

That the Five-Year Projection of Objectives and Expenses for the Committee on Standards for Dental Materials and Devices, as printed in Appendix 2 of the Council on Research report, be approved in principle, and

that the Committee on Standards for Dental Materials and Devices be authorized to seek outside funding for the activities detailed therein, exclusive of the Committee's ordinary meeting costs.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Whereas the Board feels that the setting up of these testing centres may be premature at time, be it

Resolved

that as a public health measure the Board of Governors strongly endorses the need to establish national specifications and standards for dental materials and devices and urges the CDA Committee on Standards for Dental Materials and Devices to pursue cooperatively with appropriate federal government departments and officials the development of a pilot project to demonstrate the viability of a government-sponsored testing facility as an integral component of a national standards program for dental materials and devices.

Adopted

30. Dr. R.W. Campbell, Chief of Medical Devices, Health Protection Branch of the Department of National Health and Welfare, commented that the prime interest of the government was as an enforcement agency, not as a standards writing group and he welcomed the liaison established with the CDA. He said his department had been impressed with the progress of the dental profession in accepting the nine international standards and that they intended to use this progress as a test bed for other professional legislation. He said an attempt would be made to have the nine standards written into the federal regulations for enforcement by their field officers.

Appreciation to Dr. Kasloff

31. Because Dr. Kasloff is now residing in Atlanta, Georgia, Council thought it impractical for him to continue as Chairman of the Committee on Standards for Dental Materials and Devices. Council expressed to Dr. Kasloff its very sincere appreciation of his generous and excellent contributions to the work of this Association and the Council on Research in particular. It was also recognized that Dr. Kasloff's qualities of leadership had been instrumental in developing and guiding the complex activities of this most useful Committee over the past several years. The Council further hoped that Dr. Kasloff would continue his membership on the Committee at least to the completion of his normal term of office.
32. Dr. D.C. Smith of the University of Toronto was invited to serve as the new Chairman of the Committee on Standards for Dental Materials and Devices for a first term of three years. He graciously accepted.
33. Council expressed its approval on the direction the Committee on Standards and its sub-committees are taking with respect to discussions with the government on the establishment and implementation of dental standards in Canada.
34. It was resolved that the following new terms of reference for the Committee on Standards for Dental Materials and Devices be approved. They are repeated here for the information of the Board:

"It shall be the duty of the Committee

- 1) to evaluate and provide commentary to the dental profession on materials and devices ordinarily employed for the maintenance, correction and restoration of oral function;
- 2) to develop Canadian specifications for dental materials and devices in liaison with the Health Protection Branch of the Department of National Health and Welfare and, through the Standards Council of Canada, with the CSA and the ISO;
- 3) to foster a program for testing, evaluation, acceptance and certification in Canada;

RESEARCH

- 4) to call upon consultants for assistance and advice on matters applying to products which are beyond the committee's competence;
- 5) to establish ethical guidelines for advertising and/or demonstration of any and all materials and devices employed in dental procedures which fall within the jurisdiction of this committee."

COMMITTEE ON X-RAY FILM: CANADIAN GOVERNMENT SPECIFICATIONS BOARD

35. On invitation from the Standards Officer of the Canadian Government Specifications Board, the Committee on Standards for Dental Materials and Devices appointed Dr. Guy Poyton, Professor of Radiology at the Faculty of Dentistry, University of Toronto, to the Committee on X-Ray Film.

STATEMENTS ON DENTIFRICE ABRASIVITY AND HOME DENTURE REPAIR KITS

36. Council accepted and approved statements from the Committee on Standards for Dental Materials and Devices on "Dentifrice Abrasivity" and "Home Denture Repair and Relining Kits" for use and if necessary editing by the CDA Bureau of Public Information. These statements are available from the CDA headquarters.

NEXT MEETING

37. The next meeting will coincide with the 8th Biennial Conference on Canadian Dental Research and Education at Digby, Nova Scotia, during the second week of June 1974.

Appendix 1

REPORT OF THE COMMITTEE ON THE 1973 SURVEY OF DENTAL RESEARCH IN CANADA

1. In the 1970 annual meeting of the CDA Council on Research a three-member committee, consisting of C.S.C. Lear, N.R. Thomas and A.P. Angelopoulos (chairman) was appointed to conduct the 1972 Survey of Dental Research in Canada.
2. The committee met four times during the past two years, in conjunction with other research meetings in Canada, and carefully studied the format and procedure of the 1970 Survey. It also considered various other ways of conducting the present Survey. The committee decided to change the format and procedure for the present Survey mainly in the following three aspects: (a) to utilize individual questionnaire forms (b) to include in the Survey other research institutions besides the dental schools, i.e. to reach all individuals who conduct dental/oral and/or dentally/orally oriented research in Canada and (c) to attempt to evaluate the clinical significance and application of such research, since this seems to be of major concern to the federal and provincial governments.

3. By November 1972 the questionnaire form was finalized and the overall plan for conducting the Survey was decided and outlined. On February 12, 1973 the questionnaire accompanied by a letter from the chairman of the committee was mailed from Halifax to 222 individuals in all Canadian dental schools. In addition, 385 questionnaire forms were sent to all dental schools, medical schools, provincial Departments of Health, federal Department of National Health and Welfare, Department of National Defence, Department of Veterans' Affairs and to pharmaceutical companies. All together, 607 questionnaires with covering letters were distributed throughout Canada. The returns were slow, and for this reason on April 10, 1973 the Chairman sent another letter to all those who had not replied after that urging them to complete and return it not later than May 15, 1973. It is quite clear that, on the average, about 80% of the individuals in the dental schools to whom the questionnaire was sent had returned it by the end of May. The individuals who returned the questionnaire and clearly indicated that they were not involved in any research at the present time were excluded from the Survey. From all Canadian dental schools, 153 individuals actively involved in research at the present time returned the questionnaire. From the other research institutions, 22 individuals conducting oral and/or dental research returned the questionnaire, totalling a number of 175 throughout Canada.
4. The data from the returned completed questionnaires was tabulated on master sheets for each research institution. From these data we can summarize the highlights of the Survey as follows:
 - (1) About 70% of the researchers in Canada have a graduate degree (M.Sc. or Equiv., Ph.D. or Equiv., or other graduate degree). Twenty-four per cent of the 171 researchers have only a DDS or equivalent degree.
 - (2) The majority of dental researchers in Canada (72%) are between 31 and 50 years old, with 43% being in the age group 31-40 years.
 - (3) From 152 researchers in the dental schools, the majority are affiliated with Departments of Oral Biology, followed by those affiliated with Departments of Restorative Dentistry, Oral Medicine and Preventive and Community Dentistry. However caution should be exercised in the interpretation of these results because of the great variation in the departmental structures throughout the Canadian dental schools.
 - (4) The majority of dental researchers are professors or associate professors affiliated with dental or medical schools. From 166 dental researchers, the 155 (or 93%) were recorded as being employed in their academic title or rank on a full-time basis.
 - (5) It is interesting that 71% of the 153 researchers affiliated with dental schools spend only 1-30% of their time doing research. The dental researchers in medical schools do much better, time-wise, with 71% of them spending 31-75% of their time in research.

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- (6) The majority of dental researchers in Canada (62%) spend 31-75% of their time in teaching.
- (7) More than 3/4 of the researchers (141 out of 175) are devoting time for administration. From those 73% devote 1-30% of their time for administration.
- (8) About 60% of the researchers in Canadian dental schools are involved in private practice. From those, 88% devote 1-30% of their time for private practice. In the medical schools none of the researchers involved in dental research was in private practice.
- (9) For unexplained reasons the questionnaire did not reach the graduate students in the Canadian dental schools. In this Survey only 11 graduate students were recorded from which 3 are Ph.D. candidates and 6 are working on their M.Sc. degree in various descriptions.
- (10) The financial support for dental research in Canada for 1972-73 is summarized. MRC has provided about 30% of the funds (\$620,592.) followed very closely by the Department of National Health and Welfare (\$549,957.) The total amount from all sources exceeds \$2,200,000 which is two times more than the total amount spent for dental research in 1970 (see Trans. 1970, p.201). There might be some discrepancy here due to the way some researchers filled in their questionnaires; possibly, they have included part of their financial support of previous years for the 1972-73 year, thus increasing the total amount for the present year. In addition, some researchers have not completed the appropriate sections in the questionnaire.
- (11) The financial support for dental research in Canada for the last five years (excluding the present year 1972-73) is presented. Basically it shows the same pattern, with the MRC providing about 45% of the funds, followed by the Department of National Health and Welfare. It is interesting to note that a great proportion of these funds has been contributed by various other sources like provincial health departments, research foundations, etc.
- (12) The space in square feet used for dental research in Canada exceeds 60,000 square feet. The majority of the researchers felt that the research equipment they possess is adequate for their research projects.
- (13) From a general appraisal of the research projects outlined in the questionnaire, it is clear that the vast majority of the dental research in Canada has indeed clinical significance and application.

REPORT OF THE COMMITTEE ON STANDARDS FOR DENTAL
MATERIALS AND DEVICES (prepared by Dr. Z. Kasloff)

1. The Committee on Standards for Dental Materials and Devices is pleased to reports its activities to Council during the past year. As directed by Council at last year's meeting, the original membership of five has been increased to six, with the addition of Dr. Pierre Desautels from the Universite de Montreal.
2. Membership consists of: Dr. Z. Kasloff, Atlanta, chairman; Dr. L.N. Johnson, University of Western Ontario; Dr. D.C. Smith, University of Toronto; Dr. J.M. Gourley, Dalhousie University; Dr. P.C. Desautels, Universite de Montreal; Dr. D. Gau, University of Alberta.
3. In October 1972 the Chairman represented the Committee at the meeting of the FDI Commission on Dental Materials, Instruments, Equipment and Therapeutics, held in Mexico City. Present also were Drs. W.G. McIntosh, Executive Director, and D.K. Peters, President, of the Canadian Dental Association. Of particular interest to Canada was the information received from the Chairman of the Commission as a result of an enquiry by Dr. McIntosh as to what National Dental Associations could do to strengthen the activities of the FDI Commission. The reply suggested:
 - a) adopt FDI/ISO specifications;
 - b) go to importers of dental materials, equipment, etc. and ask that all dental imports meet specifications of FDI/ISO and provide evidence to this effect;
 - c) require some specifications as a minimum for domestic manufacturers;
 - d) liaise with CSA which is now a participating member instead of observer of ISO;
 - e) develop regional testing facilities, e.g. a North American testing facility (the Nordic countries already have such a facility).
4. The suggestions in (a) and (d) are already implemented and steps are being taken to implement the other recommendations. Mexico has expressed a keen interest in the development of a regional testing facility and so has the United States. Experience so far indicates that it may be quite some time before this facility becomes a reality. Our efforts, however, will be directed to achieving this aim.
5. In November 1972 a meeting of the Canadian Advisory Committee to the CSA was held in Rexdale, Ontario, preceding the meeting of the Committee on Dental Materials and Devices held in the CDA Board Room in Toronto on the following day. A number of points were clarified by the officers of the CSA and the Standards Council of Canada. The latter Council is now the agent of government in the standards field and has contracted the CSA to be responsible for all international standards activity in which Canada is a participant - in this case, ISO/TC 106 for dentistry. It was further pointed out that enforcement of standards may be facilitated by the action of the Medical Devices office of the Health Protection Branch of the Department of National Health and Welfare as a

regulatory body.

6. The Standards Council of Canada requires as part of their constitution that members of committees such as the present one be residents of Canada. Therefore, as a result of my move occasioned by a new academic appointment, I resigned my position as chairman and member of this advisory committee and am pleased to report that Dr. D.C. Smith has now assumed this position and I am sure will serve it with distinction.
7. The Committee on Standards for Dental Materials and Devices met the following day to consider a rather lengthy agenda. Some of the important items discussed were:
 - a) statement on denture repair and relining kits;
 - b) statement on dentifrice abrasivity;
 - c) five year projection of objectives and expenses;
 - d) revised terms of reference for the committee.
8. In this regard, it is well to inform the Council of the magnitude of the work of this committee as its activities develop. Once we have developed and adopted specifications and standards, we will become involved in certification of products and acceptance programs. This fact has been impressed on me, particularly during the meetings of the ADA Council on Dental Materials and Devices which I have been invited to attend and participate in as representative of the Canadian committee. The recent interest in composite filling materials, pit and fissure sealants, oral powered irrigating devices, x-ray devices, implants, safety recommendations in dental practice, are only a few of the items which will loom into the picture for action. I must emphasize, therefore, that we will of necessity require meeting as a group probably twice a year to resolve these problems even after much correspondence.
9. I would like to express my pleasure in the accord given to me and our Committee by the ADA Council and their willingness to offer their assistance to the development of our own program. Since my last report, I have attended two of their meetings. I would also like to emphasize that an excellent relationship has been developed between Council and the American Dental Traders Associations as well as the American Dental Laboratory Association by inviting them to one of the meetings in the year. This serves to develop a better understanding of the problems of all of the bodies involved in Materials and Devices, with valuable contributions being made by the invited participants.
10. The development of standards and specifications for dental materials and devices should be initiated by the profession. In this case, the Canadian Dental Association through its Council on Research and its Committee on Standards for Dental Materials and Devices.

11. It is for this reason that I recommend the establishment of testing facilities in various educational centres throughout Canada so that students can, in one way or another, become exposed to and involved with a specifications and standards program.
12. I would like to report at this time that recognition of our Committee's activities in Canada has been given in South America. I was invited to act as a consultant on behalf of the Pan-American Health Organization to the Dental Materials Centre of Venezuela, along with consultants from the USA, Australia and the United Kingdom. I was also asked to prepare a paper for delivery at the concurrent dental materials seminar which included representatives from all of the South American and Central American countries on the subject "The Development of a New Dental Materials Standards Program in Canada". I was pleased to learn that we have been followed with interest elsewhere and that our progress to date has been recognized.
13. The Committee is most grateful to the Canadian Fund for Dental Education for its financial support of the Committee and its interest on the part of its executive director and officers.
14. Personally I am pleased and honoured to serve as chairman of this committee and would like to express my sincere appreciation to my fellow committee members for their devoted efforts in assuring the function and success of its goal. I trust that I may continue to serve on this committee as I have in the past with continued interest and concern on my part.

FIVE YEAR PROJECTION OF OBJECTIVES AND EXPENSES FOR THE COMMITTEE ON DENTAL MATERIALS AND DEVICES, CDA COUNCIL ON RESEARCH

1973-74

Work of the Committee to be concentrated on Acceptance Programs and Status reports until testing can actually be undertaken at various centres. Reports and reviews of advertising material and exhibits. Review and revision and additions to specifications for standards. Release of information of interest to dental practitioners by submitting such reports to the Editor of the CDA JOURNAL. Full committee discussions, resolutions and recommendations to be undertaken at an annual meeting at the CDA headquarters.

Budget:

1. Incidental office expenses, typewriter ribbons, carbon paper, filing folders	\$ 50.00
2. Postage and telephone	\$ 200.00
3. Annual committee meeting for 6 members @ \$225.	\$1,350.00
4. Travel to FDI by chairman	\$ 600.00
5. Travel to ADA Council by chairman (2 x \$150)	\$ 300.00
	<u>\$2,500.00</u>

RESEARCH

1974-75

It is desirable to develop several centres for evaluation and testing to achieve the following aims:

- 1) Because Canada relies on most of its materials and devices to be made available through import, it is essential that a careful and continuing spot-checking program be established to maintain quality control.
- 2) The program should also serve to provide the focus for teaching the need and value of such an activity to undergraduate students in dental schools. It can also provide for research and graduate training facilities in these centres, hence the preference for having such centres located in Faculties of Dentistry at various universities.
- 3) A division of the major responsibility for testing certain kinds and classes of materials will be arranged between the centres to avoid unnecessary duplication.
- 4) With an ultimate view of cooperative testing programs on a North American regional basis, Canada will be able to assume its responsibility for the mutual benefit of participating member countries.
- 5) Manufacturers or distributors of imported materials and devices will be required to submit proof from approved laboratories that specifications are met, therefore the proposed centres can provide this service for a fee to be established by the Committee. Regular testing by the manufacturer or distributor will be required to show continued compliance with the specification for which a fee will also be charged. Although such fees may provide some form of income, it is indeterminate. It could provide some fund to set aside for depreciation and replacement of existing equipment.

It is suggested that of a total of perhaps 6 such centres, two would be equipped to function in 1974-75. The budget for the year would be as follows:

1. Committee operating requirements as outlined for 1973-74.....	\$ 2,500.00
2. Testing equipment (ADA type) for all specification tests @ \$2,500 per set for 2 centres	\$ 5,000.00
3. Full-time technician @ \$8,000 p.a. for 2 centres ...	\$ 16,000.00
	\$ 23,500.00

1975-76

Two additional centres to be equipped for specification testing.

1. Committee operating requirements as for 1973-74 ...	\$ 2,500.00
2. Testing equipment for 2 add'l centres @ \$2,500.....	\$ 5,000.00
3. Full-time technicians' @ \$8,000 p.a. for 4 centres \$	\$ 32,000.00
	\$ 39,500.00

RESEARCH

1976-77

Two additional centres to be equipped for specification testing.

1. Committee operating requirements as for 1973-74....\$ 2,500.00
 2. Testing equipment for 2 additional centres
@ \$2,500. per set\$ 5,000.00
 3. Full-time technicians at \$8,000 p.a. for
six centres.....\$ 48,000.00
- \$ 55,500.00

1977-78

Completion of five-year projection:

1. Committee operating requirements as for 1973-74.... \$ 2,500.00
 2. Six full-time technicians @ \$8,000 p.a. \$ 48,000.00
- \$ 50,500.00

RESOLUTIONS SPECIAL

The Special Resolutions Committee wishes to recommend for special recognition the following people who have been most generous with their time and ability to ensure the success of this meeting:

1. Dean Herbert O'Driscoll who delivered the invocation at the opening session of the Board.
2. President and Mrs. D.K. Peters for their gracious hospitality on Saturday evening, October 13.
3. Dr. W.J. Dwyer, President of the Newfoundland Dental Association, and his colleagues for the generous assistance of the Association in underwriting a portion of the costs of the President's dinner on Saturday evening.
4. Dr. Denning E. Waller, President of the College of Dental Surgeons of British Columbia, and his colleagues for relinquishing their annual convention in favour of the 1973 CDA National Convention, and for their reception for Board members held on Wednesday, October 10.
5. The Province of British Columbia for hosting the official CDA Installation Luncheon on Wednesday, October 17.
6. Dr. Don G. Marshall, Chairman of the Local Arrangements Committee, and his committee members.
7. Mrs. Wessley P. Munsie and Mrs. Craig K. Naylor and their Ladies Committees.

It is understood that the Convention Chairman will, in the name of the Association, express our appreciation to the many individuals and organizations who have also contributed to the success of the Convention.

It is moved that the Report of the Special Resolutions Committee be adopted.

Adopted

M.J.T. Dohan
Chairman.

RESOLUTIONS SUBMITTED

1. Submitted by the Nova Scotia Dental Association:

"Whereas the Canadian Dental Association has demonstrated leadership by designing a dental health plan for children, a listing of professional services, and a standardized claim form;

"Whereas many members of the dental profession are involved in providing dental services for patients who rely upon a third party to remunerate the dentist in whole or in part;

"Whereas at least three provinces (Saskatchewan, Prince Edward Island, and Ontario) have pilot projects with varying parameters, premises and experiences;

"Whereas some Canadian provinces have served notice that they will introduce legislation providing some dental health care for some children;

"Whereas the dental profession has demonstrated its administrative capability as it has organized in several provinces active dental service corporations, administering a variety of programs for welfare recipients and other groups within their respective provinces but to date there has been little or no opportunity to compare these programs and results, and no clearing house exists to meet the organizational requirements to service national contracts;

"THEREFORE BE IT RESOLVED

"That the Board of Governors of the Canadian Dental Association allocate funds to host a meeting of knowledgeable, interested members of the Canadian Dental Association and other personnel to meet the Council on Health Care for the purpose of initiating a vehicle to coordinate a national approach to health benefit programs which will integrate public, government, commercial and professional interests, thereby assuring appropriate standards for the recipients of dental health programs."

On motion from the floor:

Moved that the above resolution be referred to the Council on Health Care for detailed study and recommendations.

Adopted

RESOLUTIONS SUBMITTED

2. Submitted by the College of Dental Surgeons of British Columbia:

"Whereas there is a growing public interest in the development of dental health programs in Canada, and

"Whereas the proper planning of such programs depends upon the availability of reliable information as to the present status of dental health of the Canadian population, and

"Whereas certain provinces have established their own methodology and carried out periodic surveys, and

"Whereas there is not a uniform methodology to provide the necessary statistical indices of the status of the dental health of the people of Canada,

"THEREFORE BE IT RESOLVED

"That the Canadian Dental Association urge the Department of National Health and Welfare to develop, at the earliest possible date, a methodology of survey procedure which would provide the necessary information regarding the dental health status of all Canadians."

The Board of Governors' response is conveyed in the following resolution:

Whereas a methodology of survey procedures has been developed and tested by the Department of National Health and Welfare, be it

Resolved

that the Council on Health Care be requested to review the current methodology and urge the Department of National Health and Welfare to continue its efforts to establish and maintain a dental health index for Canadians.

Adopted

3. Submitted by the College of Dental Surgeons of British Columbia:

"Whereas there is a growing demand throughout Canada for dental care programs, and

"Whereas there is a need for national coordination and guidance in the development of plans for the delivery of dental health care in Canada, and

"Whereas the dental profession and provincial health authorities look to the federal health department for leadership and support in the matter of dental health programs, and

"Whereas dental health care is a significant segment of total health care which requires the particular knowledge and skill of an autonomous profession,

"THEREFORE BE IT RESOLVED

"That the Canadian Dental Association urge the Department of National Health and Welfare to strengthen the dental division which would thereafter report directly to the Deputy Minister of Health."

Adopted

4. Submitted by the Alberta Dental Association:

"Whereas there appears to be a multiplicity of names for various dental auxiliaries throughout Canada, and

"Whereas it would appear to be advantageous to standardize the nomenclature of the auxiliaries, and

"Whereas the Canadian Dental Association has stated that any extension of auxiliary services should be made by expanding the services rendered by the current groups rather than by creating a new group of auxiliaries (CDA submission to the Ad Hoc Committee on Dental Auxiliaries, March 1969)

"THEREFORE BE IT RESOLVED

"That the Canadian Dental Association Board of Governors reconfirm this policy and urge all corporate members to restrict the classification of auxiliaries to the basic categories of

- a) Dental Assistant
- b) Dental Hygienist
- c) Dental Technician."

On motion from the floor:

Moved that the words "wherever possible" be inserted between the words "corporate members" and "to restrict".

Adopted

Whereas there appears to be a multiplicity of names for various dental auxiliaries throughout Canada, and

whereas it would appear to be advantageous to standardize the nomenclature of the auxiliaries, and

whereas the Canadian Dental Association has stated that any extension of auxiliary services should be made by expanding the services rendered by the current groups rather than by creating a new group

RESOLUTIONS SUBMITTED

of auxiliaries (CDA submission to the Ad Hoc Committee on Dental Auxiliaries, March 1969), therefore be it

Resolved

that the Canadian Dental Association Board of Governors reconfirm this policy and urge all corporate members wherever possible to restrict the classification of auxiliaries to the basic categories of

- a) dental assistant*
- b) dental hygienist*
- c) dental technician.*

Adopted

EXECUTIVE: W.V. Grenkow, President, Winnipeg; D.H. MacDougall, Past President, Edmonton; E.J. Rajczak, President-Elect, Hamilton; R.P.W. Ryan, Secretary-Treasurer, London.

R E P O R T

ANNUAL MEETING

1. The Canadian Academy of Restorative Dentistry held its annual general meeting and two days of lectures at the Hotel Bonaventure and McGill University in Montreal from June 2nd to 4th, 1972.

MEMBERSHIP

2. Active Members: 61
Honorary Members: 8
Retired Members: 1

Two resignations from membership have been received.

SPECIALTY APPLICATION

3. At the June 1972 annual meeting of the CDA Board of Governors, although disappointed that the Council on Education had recommended that the CARD application for recognition of a separate specialty of Restorative Dentistry not be accepted at that time because of the wide area of overlapping interest between Restorative Dentistry and Prosthodontics, members pleaded arduously the case that the prime philosophy of Restorative Dentistry - the preservation of teeth and their attachment apparatus - was in fact a specialty area and should be formalized as such, because of advanced technology, the need for further research and the need for qualified and recognized teachers in graduate and postgraduate courses.

NEW DEFINITION OF PROSTHODONTICS

4. It was with supreme relief that the CARD accepted the decision of the Board directing the Executive Council to assume responsibility for redefining Prosthodontics for the purpose of resolving the areas of concern between Prosthodontics and Restorative Dentistry.
5. The Executive Council met and recommended that the President of the CDA convene a meeting of representatives from the CARD, the CAP and the Council on Education and two of his appointees to study the matter of redefining the specialty areas of Restorative Dentistry and Prosthodontics.
6. The CARD representatives, Dr. G.A. Brass (chairman of Postgraduate Studies, Faculty of Dentistry, University of Manitoba) and Dr. R.A.

Clappison (chairman of the CARD Committee on Specialization) attended that meeting held in the CDA Board Room on Thursday, September 28, 1972 at which a mutually satisfactory definition of Prosthodontics was developed.

7. In February 1973 Dr. W.B. Love (President of the Canadian Academy of Prosthodontics) and Dr. W.V. Grenkow (President of the Canadian Academy of Restorative Dentistry) jointly signed a petition to the Council on Education requesting approval of the recommended definition of Prosthodontics (with a minor amendment). (see Council on Education report, para. 23)
8. The Council on Education has now recommended the latter version to the 1973 meeting of the Board of Governors for their acceptance.

OPERATIVE PROGRAM - CARD AND CAP

9. During this period there was some discussion of amalgamating the two academies but no definite decision was reached. The timing was considered premature.
10. In the same spirit of cooperation, the CARD and the CAP have interlinked the scientific session at their 1973 annual meeting in Vancouver where the two academies will each hold their customary two-day meetings from the 12th to 14th October, with the 13th common to both academies. Members of the CARD and of the CAP will be welcome as guests on the 12th and on the 14th on which days each group will carry on with their own characteristically differentiated scientific sessions.

RELATIONSHIP OF CARD AND CAP

1. While union or amalgamation of the two academies might have been considered feasible, it was agreed that there still remain problems which will have to be resolved. At a special meeting of CARD representative members on June 28, 1973 in Winnipeg, it was decided that the basic philosophies of the two academies were sufficiently different at opposite ends of the spectrum that each should retain its individual identity to further develop philosophies, basic research and teaching programs, and yet work as closely as possible where interests were common to promote the profession of dentistry and better service to the public.

FUTURE OUTLOOK

2. With the promised resolution of the problem of specialty recognition, the CARD is looking forward to augmenting membership by more readily accepting applicants with advanced postgraduate education and recognized specialists in the area of Restorative Dentistry. We will be able to look forward to intensified research and improved teaching facilities as well as an improved clinical program. It is desirable that CARD have continued representation as a participating section of the Canadian Dental Association. It is hoped that the spirit of cooperation and close liaison between CAP and CARD will continue for the inevitable advancement of the profession of dentistry as well as of the specialty of Prosthodontics.

This report is informative.

ROYAL COLLEGE OF DENTISTS OF CANADA

(Information statement presented to the Canadian Dental Association Board of Governors - October 1973)

1. The last information report of the Royal College of Dentists of Canada was presented to the Board of Governors in June 1972 in Montreal.

FELLOWS

2. At the present time the College has 236 Fellows, seventy-seven of whom are Charter Fellows, 146 are Fellows by examination and thirteen are Honorary Fellows. At the Convocation in Vancouver on October 12, we hope that eight Fellows will receive their Fellowships, having successfully completed the Part I and Part II examinations. Dr. Gustave Ratte of Quebec City will receive an Honorary Fellowship and give the Convocation address.

EXAMINATIONS

3. The Part I (written) examinations will be held on September 24, 1973 in regional centres from Vancouver to Halifax, and the Part II (oral) examinations will be held in Toronto on December 7 and 8. There should be twenty-two candidates taking the Part I examinations this year, including one in Oral Pathology and one in Oral Biology (Preventive Dentistry).
4. In 1974 the College will change the time for their Part I examinations and these will be held on June 24, not in September. This is being done after requests from several candidates that the examinations should be held right after they finish their graduate programs and before they get involved in setting up practice, etc.
5. The Council of the College, at its last meeting, passed a motion as follows: "That applicants from programs where there was no available accreditation mechanism will be considered for Fellowship examination on the basis of an evaluation of the program which they have successfully completed and that applicants from programs which have had an accreditation mechanism available must have successfully completed an accredited program to be accepted for Fellowship examination".

STANDARDIZATION OF SPECIALTY CERTIFICATION ACROSS CANADA

6. The College has continued to co-operate with the National Dental Examining Board of Canada with the idea of one standard for specialty certification examination, with the resulting portability of this certification. To this end, the College and the National Dental Examining Board held various meetings with their respective legal counsel and a final draft for amendments to the National Dental Examining Board Act was accepted by all parties. This draft has been

before the Senate Committee but not before the Committee of the House of Commons. The Royal College of Dentists of Canada has also, this past year, set and conducted examinations in two specialty areas at the request of one province.

CONTINUING EDUCATION SERVICE

7. Under the sponsorship of the Royal College, a series of articles is currently being published in the JOURNAL OF THE CANADIAN DENTAL ASSOCIATION on "Maxillo-mandibular Surgery for Correction of Dentofacial Deformities". Dr. Simon Weinberg and Dr. Victor Moncarz are responsible for this series (Dr. Moncarz is a candidate for the College's Part I examinations this September). Work is continuing on publication of further monographs.

SCIENTIFIC SPEAKER AND SYMPOSIUM

8. In Vancouver at the Canadian Dental Association Convention this year, the Royal College will sponsor a lecture by Dr. A.E. Swanson entitled "Medical Emergencies in the Dental Office" and also a symposium on "The Problem of the Third Molar" moderated by Dr. G.S. Beagrie. The panelists are Dr. C.H.M. Williams, a periodontist from Toronto; Dr. R.D. Haryett, an orthodontist from Edmonton; and Dr. F.W. Lovely, an oral surgeon from Halifax. The College is beginning to take a significant part in continuing education and hopes to increase its role in this area.

A.W.S. Wood, President
J.E. Speck, Secretary-
Registrar-Treasurer

TREASURER

Treasurer: J. B. Taylor

R E P O R T

INTRODUCTION

1. This year, as last, my 1973 report minus the budget figures for 1974 has been included in the advance distribution of the Board's agenda books.
2. Since the Executive Council will meet September 10 to consider the 1974 budget, I hope that this will also be received well in advance of the Board meeting together with the pertinent Executive Council remarks.
3. On my advice the Executive Council has agreed that this year I will not include the audited financial statements with my report. Probably no facet of my report has been more confusing than trying to relate our more detailed statements to the figures in the auditors' report and showing they agree.
4. I know they do agree and have so presented them to the Executive Council. For sake of clarity, therefore, I am just presenting our prepared detailed statements. If the Board disagrees with this approach, it can be changed. The audited statements are on file and available to anyone who wishes to study them. I shall be pleased to answer any individual questions and suggest that the audited statements be included as part of the official transactions.*

FINANCIAL STATEMENTS - 1972

5. Appendix T1, actual versus budgeted revenue 1972, reveals that our total revenue was \$499,308 and that we exceeded our revenue budget by \$40,608. An explanation of the major variances is given in the notes to Appendix T1.
6. Appendix T2, actual versus budgeted expenditures 1972, shows that actual costs exceeded our budget by \$15,932. Major differences are explained in the notes to Appendix T2.

RESERVE FUND

7. Income from investments amounting to \$11,000 (see Appendix T3) was invested in guaranteed Royal Trust certificates (see Appendix T4).
8. At December 31, 1972, the market value of the Retirement Savings Plan units held by the Association was \$127,287, an increase from December 1971 of \$27,179 or 27%. See Appendix T3.

* (see pages

SECURITIES

9. Changes in security holdings during 1972 are detailed in Appendix T4. Securities held at December 31, 1972 are listed in Appendix T5.

SPECIAL GRANTS

10. Special grants and sundry income received during 1972 are described in the notes to Appendix T1. The gratitude of the Association has been expressed to the donors of these generous grants.

CDA JOURNAL

11. An analysis of revenue and expense experience in the production of the Journal during 1972 appears as Appendix T6.

CDA NATIONAL CONVENTION

12. An analysis of revenue and expense for the CDA National Convention is included as Appendix T7. Major differences are explained in the accompanying notes. We are pleased to note that the 1972 Convention was both a scientific and financial success.

TREASURER

Appendix T1

ACTUAL versus BUDGETED REVENUE - 1972

<u>REVENUE</u>	1972 <u>ACTUAL</u>	1972 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
Associate Memberships	\$ 3,231	\$ 3,500	\$ (269)
Corporate Member Grants			
- British Columbia	68,120	65,000	3,120
- Alberta	41,340	39,000	2,340
- Saskatchewan	15,080	13,800	1,280
- Manitoba	20,800	20,500	300
1. - Ontario	174,790	131,600	43,190
2. - Quebec	89,485	96,500	(7,015)
- New Brunswick	9,915	8,100	1,815
- Nova Scotia	13,650	15,300	(1,650)
- Prince Edward Island	2,275	1,900	375
- Newfoundland	3,770	4,200	(430)
Interest Income			
- CDRF	800	1,000	(200)
3. - Journal-Gross Revenue	(7,488)	25,500	(32,988)
- National Convention	Ø	500	(500)
- Other	2,251	-	2,251
Sales of Publications (not JCDA)	26,317	20,000	6,317
Space Rental - CFDE	2,400	1,800	600
5. Special Grants	24,317	4,000	20,317
Student Memberships	3,695	3,500	195
Subscriptions - JCDA	4,560	3,000	1,560
	\$499,308	\$458,700	\$ 40,608

Notes to Appendix T1

1. The Ontario per member grant was increased to \$55. from \$40. after preparation of the 1972 budget.
2. In 1971, the corporate member grant from Quebec amounted to \$91,685. Our 1972 forecast allowed for membership growth which, according to the records of our Bureau of Dental Statistics, materialized. We are currently investigating the drop in revenue from the provinces of Quebec and Newfoundland.
3. See Appendix T6 and accompanying notes.
4. Sales revenue for pamphlets has risen very rapidly since 1970 (16,561.). The pamphlets were redesigned into a more appealing format and sales have exceeded expectations.

Notes to Appendix T1 (continued)

5. The 'special grant' item of \$24,317. is made up of the following:

Voluntary contributions	\$ 615.
* CFDE - Colgate grant re Student Conference	4,090.
CFDE-Densply-Caulk grant re Student Clinics	3,523.
CFDE grant re Standards Committee	1,250.
Federal Government grant re Conference on Continuing Education	14,189.
Toronto Daily Star re Dr. Dunn's column	650.
	\$24,317.

- * CFDE also defrayed costs associated with 1972 CDA post graduate surveys (\$890.). This support was netted against the equivalent travel expense item.

The four thousand dollar grant budgeted for 1972 was expected from the National Dental Examining Board, in connection with CDA's accreditation program. The NDEB actually provided the money in 1971, as detailed in my report a year ago.

The above amounts include recovery of related travel expenses and various administrative costs.

TREASURER

Appendix T2

ACTUAL versus BUDGETED EXPENDITURES - 1972

	1972 ACTUAL	1972 BUDGET	UNDER (OVER) BUDGET
<u>EXPENDITURES</u>			
Annual Board Meeting	\$22,455	\$20,700	\$ (1,755)
CDRF Award	520	700	180
1. Contingency	650	10,000	9,350
2. Film Production & Distribution	5,063	2,000	(3,063)
3. Furniture & Fixtures	1,397	4,700	3,303
Grants			
- CDNAA	300	300	Ø
4. - CFDE	19,000	18,000	(1,000)
- FDI	3,031	3,200	169
5. - Presidents' Honoraria	3,000	3,000	Ø
History of Dentistry	132	500	368
6. Insurance (Travel,Bldg.,Fidelity Sickness)	2,442	4,300	1,858
7. Land Purchase & Architects Fees	16,818	Ø	(16,818)
Legal & Audit	5,404	6,000	596
Office Supplies & Expense	17,565	18,000	435
Postage	10,885	10,300	(585)
Property	-	-	-
- Light, Heat, Water	3,993	4,100	107
8. - Repairs & Maintenance	3,407	6,600	3,193
- Taxes	6,309	7,000	691
9. Publications - not JCDA	38,909	28,300	(10,609)
10. Salaries (excl. Presidents' Honoraria)	210,143	231,200	21,057
Salary Expense	22,399	24,200	1,801
Telephone	5,828	4,900	(928)
11. Translation	6,479	2,200	(4,279)
12. Travel	80,603	60,600	(20,003)
	<u>\$486,732</u>	<u>\$470,800</u>	<u>\$ (15,932)</u>

Notes to Appendix T2

1. The item charged to contingency (\$650.) represents the cost of part-time counselling services, creative planning and writing in connection with the Ottawa building proposal.
2. Executive Council at its March, 1972 meeting authorized an additional \$9,000. 1972 expenditure on our film program. Dr. A. E. Sparrow was engaged in 1972 by CDA Council on Communications to produce two films at a total cost of \$9,000. However, this program will not be completed until mid 1973. Included in the 1972 expenditures are the cost of 125 prints of the film clip "Smiling" (\$1,665.) and 125 prints of "Madrigal" (\$2,000.). The balance was spent in routine distribution of existing film

Notes to Appendix T2 (continued)

3. Much of the furniture required in connection with the acquisition of new personnel in the communications area was purchased in late 1971. We were thus over budget in 1971 and correspondingly below budget in 1972. The 1972 item consists chiefly (\$1,176.) of the cost of purchasing new dictating equipment for the CFDE/CDA Comptroller's office.
4. Executive Council at its March 1972 meeting authorized an increase of \$1,000 in the Association's 1972 grant to CFDE.
5. Honoraria paid to the two presidents holding office during 1972 amounted to \$3,000.
6. A three year premium re CDA headquarters building and contents insurance was accrued instead of expensed in 1973.
7. Wilson, Newton, et al, CDA architects, received \$14,642. on account in connection with our Ottawa property during 1972. Peto Associates Limited tested the soil on the new property at a cost of \$1,107. Survey charges amounted to \$528. and \$541. was paid to Mr. Leeds Richardson for inspection and advisory services.
8. Repairs and maintenance were kept to a minimum in 1972 in view of the possible disposal of our Toronto property. Major projects, such as repainting, were deferred.
9. One half million copies of the CDA pamphlet on plaque control for use in connection with Dental Health Week and other projects were purchased at a cost of \$8,341. Paper consumed in our printing department during 1972 cost \$9,477. Plates, photos and negatives cost \$2,909. Sales tax on internal publications was \$2,193. CDA Transactions, in separate English and French versions, cost \$4,238. in total, the lowest amount in many years. Shipping charges were \$906. in 1972. Outside printing of various pamphlets for sale and distribution cost \$5,820. during 1972. Binders, portfolios and indexes were purchased for \$1,355. The revised CDA Code of Ethics was printed in 1972 at a cost of \$2,223. Bindery work, art work, and various other subcontracted services together with the cost of ink and other items make up the (\$1,447) balance of 1972 expenditures. See also note 4, Appendix T1 re significant increase in sales of pamphlets. Total publication expenses, excluding Journal, were down because 1971 expenditures included a large amount for services performed re the 1968 Survey of Dental Practice, for which an offsetting government grant (\$13,000.) was received. Pamphlet promotion through the Journal was less extensive in 1972.
10. Staff services valued at \$7,000. were paid into the general account from the convention account in 1972, thus reducing the salaries

Notes to Appendix T2 (continued)

total. Two full-time Journal positions became part-time arrangements at the end of August 1972. Five new positions were filled in 1972 in the communications area. CDA's net full-time employee complement rose from 19 in 1971 to 24 1/2 in 1972. (1971T193,196)

11. Translation expense for 1972 includes \$750. for simultaneous translation at the annual Board meeting, \$2,124. re translation of the Journal articles, \$800. re 1971 Transactions, \$1,000. re 1972 Transactions, \$400. re the Survey of Recent Graduates, \$1,100. re the 1968 Survey of Dental Practice and some \$305. worth of incidental translation.
12. Travel expense includes various programs for which full recovery was secured. These amounts are listed in note 5 to Appendix T1 as sundry income and included the 1972 Conference on Continuing Dental Education (\$14,189), Student Clinics (\$3,523), Standards Committee (\$1,250) and the 1972 Students' Conference (\$4,090). Total \$23,052. which includes various administrative costs in addition to travel expenses.

Appendix T3

CANADIAN DENTAL ASSOCIATION

RESERVE FUND

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

ASSETS	<u>1972</u>	<u>1971</u>
h	\$ 2,397	\$ 4,740
rued interest	1,770	1,770
ernment, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1972, 166,609; 1971, \$156,225)	179,715	168,715
vestment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1972, \$127,287; 1971, \$100,108)	<u>103,500</u>	<u>103,500</u>
	<u>\$287,382</u>	<u>\$278,725</u>
SURPLUS		
plus	<u>\$287,382</u>	<u>\$278,725</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
venue		
Investment interest	\$ 8,639	\$ 7,626
Bank interest	18	27
Profit on sale of bonds	<u> </u>	<u>188</u>
rplus for the year	8,657	7,841
rplus at beginning of year	<u>278,725</u>	<u>270,884</u>
rplus at end of year	<u>\$287,382</u>	<u>\$278,725</u>

Appendix T4 - Security Changes - 1972Reserve FundSales:

* Royal Trust Certificate	\$23,000	4 $\frac{1}{4}$ %	Jan, 1972
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Purchases:

* Royal Trust Certificate	\$34,000	4 7/8 %	Jan, 1973
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* Guaranteed Short Term Investments.

War Memorial Scholarship Fund

All assets transferred to Canadian Fund for Dental Education at
December 31, 1972. (1972T59)

Appendix T5

Securities on Hand - December 31, 1972

Grieve Memorial Lectureship Fund

Government of Canada	\$ 1,000	7 %	Apr. 1, 1973
Government of Canada	1,000	4½%	Sept.1, 1983
Government of Canada	3,500	4½%	Sept.1, 1983
	<u>5,500</u>		

Library Trust Fund

Government of Canada	\$ <u>41,500</u>	5 3/4 - 7 3/4%	Nov. 1, 1980
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Reserve Fund

Alberta Municipal Finance Corp.	\$ <u>10,000</u>	5½ %	Apr. 1, 1983
Canadian National Railway	<u>6,000</u> d	4 %	Feb. 1, 1981
Government of Canada	10,000	3 3/4%	Jan.15, 1978
Government of Canada	16,000	3¼ %	Oct. 1, 1979
Canada Savings Bonds	15,500	5 3/4 - 7 3/4%	Nov. 1, 1980
	<u>\$ 41,500</u>		

Hydro-electric Power Commission of Ontario	5,000a	4 3/4%	Aug. 15, 1975
Hydro-electric Power Commission of Ontario	15,000a	5 %	Nov. 15, 1976
Hydro -electric Power Commission of Ontario	5,000a	5 %	Oct. 15, 1978
	<u>25,000</u>		

Appendix T5...continued

Hydro-electric Power Commission of Quebec	\$ 1,000 ^c	5%	Nov. 15, 1982
Hydro-electric Power Commission of Quebec	25,000 ^b	5½%	Mar. 1, 1984
	<u>\$ 26,000</u>		
Manitoba Telephone	\$ 10,000	5½%	Dec. 2, 1986
Province of Nova Scotia	\$ 5,000	5%	Dec. 15, 1973
Province of Ontario	\$ 5,000	4¼%	May 15, 1974
Province of Ontario	15,000	5%	July 15, 1975
	<u>\$ 20,000</u>		
Province of Quebec	\$ 5,000	5 3/4%	Feb. 1, 1986
TOTAL BONDS	<u>\$ 148,500</u>		
Short Term Investment - Royal Trust Company	\$ 34,000	4 7/8%	Jan. 1973
Investment in Common Stock Fund CDA Retirement Savings Plan	<u>\$ 103,500</u>		

a Guaranteed by the Province of Ontario

b Sinking Fund Debenture

c Guaranteed by the Province of Quebec

d Guaranteed by the Government of Canada

TREASURER

Appendix T6

Composite analysis
Editorial Department & Journal of the CDA

<u>REVENUE</u>	1972 <u>ACTUAL</u>	1972 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
Gross advertising	\$ 121,236	\$ 140,000	\$ (18,764)
Subscriptions - sold	4,560	3,000	1,560
* Subscription allowance	88,500	85,200	3,300
	<u>\$ 214,296</u>	<u>\$ 228,200</u>	<u>(13,904)</u>

* Based on \$10 per 1972 licensed member
and student member of the CDA

<u>EXPENDITURES</u>	1972 <u>ACTUAL</u>	1972 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
1. Agency commissions	\$ 15,460	\$ 18,500	\$ (3,040)
Photo engravings	5,478	6,000	(522)
Postage - Journal only	17,109	16,000	1,109
2. Printing	83,682	74,000	9,682
3. - Publisher's commission	6,995	-	6,995
Annual Board meeting	981	720	261
Travel expense	6,745	7,500	(755)
Office expense	3,050	3,130	(80)
Postage - headquarters	1,600	1,500	100
4. Salaries - no commission	65,817	73,833	(8,016)
Salary expenses	5,981	7,985	(2,004)
Telephone & telegraph	1,080	1,320	(240)
Translations	2,124	2,000	124
5. Furniture & fixtures	221	2,300	(2,079)
Floorspace evaluation	2,300	2,280	20
	<u>218,623</u>	<u>217,068</u>	<u>1,555</u>

Notes to Appendix T6

1. Fewer discounts were allowed to advertising agencies during 1972 because a smaller amount of advertising than anticipated was sold.
2. As you know, we have experienced great difficulty getting our Journal out on time. In September, we decided to change printers and our method of printing, in a successful effort to get back on schedule by early 1973. We now use more colour, and a more modern printing process in our efforts to attract advertisers and produce a more appealing and readable magazine. In addition to regular cost increases in the printing trade, the conversion process described above resulted in CDA absorbing a one time only cost of approximately \$3,000.

Notes to Appendix T6...continued

3. The services of G. V. Allen Publications were retained three months longer than originally intended to ensure continuity of services provided and to provide an opportunity for Mr. Allen to acquaint new Journal staff with techniques employed, etc.
4. Dr. F. H. Compton, former editor of the Journal, resigned his full time position effective August 31, 1972. He has subsequently served as part time scientific advisor to the Journal. Also at the end of August, 1972, our Journal production manager left and was replaced with a part time employee.
5. Most of the furniture and fixtures required for new Journal personnel was purchased in late 1971, slightly earlier than planned. A desk and a chair were purchased for the advertising manager in February, 1972.

TREASURER

Appendix T7

1972 CDA National Convention
avec/with Les Journees Dentaires du Quebec
Comparison of Budget **vs.** Actual Revenue
and Expenditure.

Revenue	Budget	Actual	(Under) Over Budget
Registration Fees (1,000 @ \$45.)	\$ 45,000.	\$51,930.	\$ 6,930
Exhibit Rentals	33,150.	33,200.	50
Interest Income	850.	1,353.	503
Laundry Income		5,000.	1 5,000
Total	\$ 79,000.	\$91,483.	12,483
Expenses			
Auditors	\$ 400.	250.	(150)
Clinician Equipment & Facilities	2,000.	3,719.	2 1,719
Clinician Honoraria & Expenses	10,000.	11,149.	3 1,149
Cost of Sales, Exhibits	8,000.	6,920.	(1,080)
Gratuities, Etc.	500.	250.	(250)
Headquarters Services	8,000.	7,809.	(191)
Meeting Room Rentals	2,000.	3,095.	4 1,095
Printing & Promotion	11,000.	18,040.	5 7,040
Registration Facilities	1,500.	1,913.	413
Security Guards	500.	783.	283
Section Incentives	3,500.	1,125.	6 (2,375)
Shipping & Mailing Costs	2,500.	4,604.	7 2,104
Social Program - Net Loss	8,300.	10,693.	8 2,393
Speaker - Opening Ceremony	2,000.		9 (2,000)
Table Clinician Gifts	750.	650.	(100)
Telephone Charges	500.	1,299.	10 799
Temporary Help	500.	1,586.	11 1,086
Translation Costs	600.	864.	264
Travel Expense	1,500.	5,330.	12 3,830
Installation Luncheon		4,122.	13 4,122
Total	\$ 64,050.	\$84,201.	20,151
Surplus	\$ 14,950.	\$ 7,282.	(7,668)
Equal Profit Sharing with QDSA	7,475.	3,641.	(3,834)
	<u>\$ 7,475.</u>	<u>\$ 3,641.</u>	<u>(3,834)</u>

Appendix T7 (continued)

1. The Province of Quebec contributed \$5,000. towards sponsorship of our 1972 Installation Luncheon.
2. Clinical equipment was ordered from JDQ suppliers and was supplemented by service staff at additional expense.
3. Basically, two scientific programs were mounted in 1972.
4. Hotel Bonaventure was less generous than other headquarter hotels in terms of complimentary meeting room space.
5. Publicity was given emphasis at both national and provincial levels. The latter area cost considerably more (about \$3,000.) than anticipated. Also, the program insert in the Convention Guide cost several times (\$2,100.) as much as estimated.
6. Fifteen dollars per person is paid to section treasuries for each delegate who registers to the CDA meeting as well as his section meeting. However, the onus is on each section to encourage, record and claim for such dual registrations.
7. Shipping and mailing costs, of which the latter form by far the preponderance, include the cost of provincial publicity mailings of the JDQ. Also, various inserts were carried in the convention mailings which increased the unit cost.
8. Certain ladies events in the convention program failed to attract the estimated attendance. Arrangements regarding social programs at our conventions are almost entirely left to the local committee. In 1972, we had a particularly imaginative social chairman.
9. No keynote circuit speaker was selected for the 1972 meeting. Originally, we had in mind attracting Jacques Cousteau or someone of his stature.
10. Exhibit sales were handled by the CDA office instead of an outside agency. Approximately \$5,000. in agency fees was saved as a result. A very large local committee structure was responsible for a large portion of this expense, as many lengthy calls were placed on a collect basis from Montreal.
11. Experience taught us that manning our registration area with volunteers or that understaffing it is a very costly mistake. Attendance was somewhat larger than anticipated, resulting in a larger registration staff.
12. Travel expenses were chiefly a product of a much greater than anticipated representation from our local committee at Toronto meetings. Also, Hotel Bonaventure was less generous in terms of complimentary suites than other headquarter hotels.
13. The Installation Luncheon would have been on a cash basis if it hadn't been covered by the grant discussed in note 1 above.

Appendix T7 (continued)

The 1972 CDA National Convention was less than 8 months after our first (1971) convention. Audited results of the October, 1971 Convention were not available until early 1972. The budget for the May, 1972 meeting was, of necessity, drawn up and adopted in late 1971. Thus 1972 estimates were made without the benefit of final 1971 figures for comparison. Also, three out of five members of the central organizing committee were members of the QDSA. That organization approaches various convention arrangements with a different philosophy that CDA does. All in all, the financial results of the 1972 convention were as good as could have been expected.

The CDA National Conventions Committee approaches these matters with a definite philosophy. The basic objective is to provide the very best and most worthwhile membership service possible, without losing money. The small surpluses that have accumulated have been set aside to defray losses that may possibly accrue to future meetings. In terms of those criteria, the Committee has been entirely successful to date.

You will note that the Conventions Committee paid \$4,500 for headquarters staff services in 1971, \$7,000 in 1972 and budgets \$15,000 in 1973.

1974 BUDGET REPORT

1. The 1974 budget has been drafted under extreme difficulties. There are many uncertainties which could have a pronounced effect on the financial health of the Association in the future.
2. My thanks are again due to Mr. Glover, Mr. McDonald and Dr. McIntosh for their preparation of the figures and their many suggestions that are reflected in my budget comments.
3. The possibility of voluntary membership in Ontario and Quebec does make the assessment of future income very difficult. Based on the very best information available we seem to be assured of revenue from these two provinces as shown in our 1974 budget.
4. On the expenditure side we have included all budget requests from Councils and as reasonable a judgement as possible of all other expenses based on past years' experience. We have, however, not included any expenses in connection with the proposed move to Ottawa.
5. The 1974 budget as presented shows a deficit of \$6,900.
6. Estimated revenue for 1974 is shown in Appendix T8, and an analysis of corporate grants to CDA follows in Appendix T9. The budgeted expenditures of the Association for 1974 are shown in Appendix 10. Explanatory notes are attached.
7. An analysis of budget requests from CDA Bureaux, Councils and Committees for 1974 is shown as Appendix T12.
8. Appendix T11 is an analysis of estimated revenue and expenditures in the CDA Editorial Department with comparative figures for previous years.
9. Working capital in the general account appears to be adequate for operational needs. However, I recommend that the Board renew its authority to the Treasurer (1972T187) to deal as needed with problems involving working capital.
10. In view of the uncertainty as to the amount of revenue that can be anticipated in future years from Ontario and Quebec, we have not attempted to prepare a fiscal forecast.
11. Again I must return to the problem of Ontario and Quebec as paramount to the future fiscal as well as numerical strength of the Canadian Dental Association.

TREASURER

12. In my opinion our number one priority during the next two years should be a concerted effort to stimulate voluntary membership.
13. With this priority in mind we have reviewed in minute detail every expenditure budgeted for, and I would suggest the reductions as outlined in Appendix T13. *
14. This would result in a budget surplus of \$28,100 which could be used in any way the Board sees fit to stimulate membership.

Board action on the Treasurer's suggested reductions appears on page 243.

Our work was greatly facilitated by the careful, clear and meticulous manner in which the budget was presented for consideration, and the Board wishes to record its appreciation to Dr. Taylor.

TREASURER

APPENDIX T8CDA ESTIMATED REVENUE 1974

	1972 Actual	1973 Budget	1974 Budget
Associate Membership	\$ 3,231	\$ 3,600	\$ 3,600
1. Grants - British Columbia	68,120	71,400	74,100
Alberta	41,340	41,400	43,600
Saskatchewan	15,080	14,600	16,200
Manitoba	20,800	20,700	21,800
Ontario	174,790	177,900	184,000
Quebec	89,485	97,000	95,700
New Brunswick	9,915	9,600	9,800
Nova Scotia	13,650	15,600	15,900
Prince Edward Island	2,275	2,100	2,600
Newfoundland	3,770	4,100	4,200
Interest - CDRF	800	1,000	1,000
- Income	2,251	-	1,000
2. Journal Operation	(7,488)	45,000	49,700
National Convention - Headquarters Services	-	15,000	16,000
Sales of Publications	26,317	22,000	25,000
Space Rental	2,400	1,800	3,000
Student Memberships	3,695	4,000	4,000
Subscriptions JCDA	4,560	3,500	5,000
3. Sundry Income - Grants Estimated	24,317	6,900	-
NDEB - re: Survey of Undergraduate Programs	-	-	8,000
CFDE - re: Biennial Research Conference	-	-	9,000
Survey of Graduate Programs	-	-	1,800
Students' Conference	-	-	2,900
Student Table Clinics	-	-	4,000
 TOTAL REVENUE	 \$499,308	 \$557,200	 \$601,900

NOTES:

1. See Appendix T9
2. See Appendix T11
3. All grants expected to be received in 1974 are itemized. Amounts covered by anticipated CFDE grants have been included in CDA Expenses.

APPENDIX T9CDA REVENUE FORECAST - 1974CORPORATE GRANTS

Province	Paid Members Actual 1972	Net Projected Members 1974	Per Member Grant	Grant Forecast
British Columbia	1,048	1,140	\$ 65	\$ 74,100
Alberta	636	670	65	43,600
Saskatchewan	232	250	65	16,200
Manitoba	320	335	65	21,800
Ontario	3,178	3,345	55	184,000
Quebec	1,627	* 1,740	55	95,700
New Brunswick	152	150	65	9,800
Nova Scotia	210	245	65	15,900
Prince Edward Island	35	40	65	2,600
Newfoundland	58	65	65	4,200
	<u>7,496</u>	<u>7,980</u>		<u>\$467,900</u>

* It is estimated Quebec's payment will be based on 1973 memberships.

TREASURER

APPENDIX T10CDA ESTIMATED EXPENDITURES 1974

	1972 Actual	1973 Budget	1974 Budget
1. Annual Board Meeting	\$ 22,455	\$ 28,400	\$ 21,600
2. Board Members' Special Expenses	-	-	3,400
CDRF Award	520	700	700
3. Complimentary Classified	-	-	4,000
Contingency	650	10,000	10,000
4. Film Production - Distribution	5,063	14,300	19,400
Furniture & Fixtures	1,397	2,700	2,000
Grants - CDNAA	300	300	300
5. - CFDE	19,000	19,000	12,000
- FDI	3,031	3,500	4,500
6. - Presidents' Honoraria	3,000	5,000	3,000
History of Dentistry & Archives	132	500	500
Insurance (Building, Fidelity, Sick, Travel)	2,442	3,000	3,000
Land Purchase - Architect Fees	16,818	-	-
Legal & Audit	5,404	6,000	6,000
Office Administration Fund	-	10,000	10,000
Office Supplies & Expenses	17,565	22,400	22,200
Postage	10,885	10,000	11,200
Property - Light, Heat Water	3,993	4,000	4,200
- Maintenance	3,407	3,500	4,000
- Taxes	6,309	7,000	7,000
7. Printing - BPI	-	-	29,700
Printing - General	38,909	35,300	34,700
8. Salaries	210,143	248,000	254,800
Salary Expenses	22,399	26,700	29,600
9. Survey Program Consulting Services	-	-	10,000
Telephone	5,828	5,100	6,000
10. Translations	6,479	3,100	6,000
11. Travel	80,603	72,700	89,000
TOTAL EXPENDITURES:	<u>\$486,732</u>	<u>\$541,200</u>	<u>\$608,800</u>
LESS REVENUE:	<u>\$499,308</u>	<u>\$557,200</u>	<u>\$601,900</u>
SURPLUS (DEFICIT):	<u>\$ 12,576</u>	<u>\$ 16,000</u>	<u>\$ (6,900)</u>

NOTES:

1. Travel costs for the 1974 Board meeting are estimated to be considerably lower than for the Vancouver meeting.
2. Provision for Board members' incidental expenses, i.e. telephone calls, letters, etc; Executive Council members @ \$200, other Board members @ \$100. (Exec. C. April 2-4/73 - 44.)

NOTES TO APPENDIX T10 (CONT'D)

3. Complimentary classified advertising space for members of the profession - see Appendix T11.
4. Includes request from B.P.I. for production and distribution of film clips (\$7,600) and production of a new film (\$9,000).
5. Grant to CFDE has been reduced by \$7,000 in view of expected interest income from CFDE's Capital Fund.
6. Travel expense for the President was included in Honoraria in the 1973 budget.
7. Breakdown of 1974 budget figure:

Survey of Membership	\$ 2,000
National Dental Health Week	\$ 4,000
Fluoridation Promotion	\$ 500
Trans-Ad Program	\$ 5,000
Production of New Pamphlets	\$ 1,000
Gift Pax	\$ 2,000
Government Newsletter	\$ 200
*Production of Pamphlets	\$15,000
	\$29,700
- *Pamphlets sold at cost - see revenue for sales of publications.
8. Includes a provision of 8% for salary increases.
9. Fees for co-ordinator of undergraduate survey program.
10. Estimated costs for translation of Journal articles, Transactions, etc.
11. Includes amounts covered by outside grants - see Appendix T8 (Sundry Income - Grants).

TREASURER

APPENDIX T11EDITORIAL DEPARTMENT & JCDA BUDGET 1974

	1972 Actual	1973 Budget	1974 Budget
<u>REVENUE:</u>			
1. * Gross Advertising	\$121,236	\$163,800	\$184,000
Subscriptions Sold	4,560	3,500	5,000
Subscriptions Allowance	88,500	89,000	91,600
	<u>\$214,296</u>	<u>\$256,300</u>	<u>\$280,600</u>
<u>EXPENDITURES:</u>			
* Agency Commission	\$ 15,460	\$ 21,300	\$ 24,000
* Photo Engravings	5,478	6,500	3,300
* Postage - Journal only	17,109	16,000	18,000
2. * Printing	83,682	75,000	89,000
* Publisher's Commission	6,995	-	-
Annual Board Meeting	964	1,814	850
3. Travel Expense	6,222	5,700	9,800
Office Expense	3,356	3,560	2,505
Postage - Office	1,959	1,500	1,800
Salaries	64,259	81,322	74,600
Salary Expense	6,802	8,914	8,322
Telephone & Telegraph	1,080	1,380	1,280
Translations	2,124	2,000	2,400
Furniture & Fixtures	221	500	500
Floor Space Evaluation	2,300	2,400	2,500
4. Complimentary Classified	-	-	4,000
	<u>\$218,011</u>	<u>\$227,890</u>	<u>\$242,857</u>
<u>SURPLUS (DEFICIT):</u>	<u>\$ (3,715)</u>	<u>\$ 28,410</u>	<u>\$ 37,743</u>
* Produce "JCDA Gross Revenue":	<u>\$ (7,488)</u>	<u>\$ 45,000</u>	<u>\$ 49,700</u>

NOTES:

1. It is anticipated that an additional rate increase will become effective in 1974 and that additional advertising space will be sold.
2. Provision has been made for an increased number of pages and higher printing costs.
3. Provision has been made for additional travel by Journal staff.
4. To provide complimentary classified advertising space for members of the profession.

APPENDIX T12

CDA BUREAUX, COUNCIL AND COMMITTEE BUDGET REQUESTS - 1974

General Administration					
		Film Production and Distribution			
			Publications		
				Travel Expense	1974 BUDGET
<u>Councils</u>					
1. Communications				1,000	1,000
Constitutions and Bylaws				700	700
Education				3,200	3,200
2. Surveys	10,000			9,400	19,400
Recruitment		800	2,500	200	3,500
Youth Science	300			200	500
Continuing Education Committee				1,200	1,200
Student Membership	400		800	500	1,700
* Student Conference				2,900	2,900
* Student Clinics				4,000	4,000
Ethics				1,000	1,000
3. Executive Council (including Committees)	17,800			8,300	26,100
4. Health Care				3,500	3,500
5. Hospital Services				1,600	1,600
Insurance and Investment				6,400	6,400
Legislation				600	600
Nominations				25	25
Research				3,150	3,150
Therapeutics				1,250	1,250
Standards Committee				2,000	2,000
* Biennial Conference				9,000	9,000
6. Bureau of Dental Statistics	500			500	1,000
7. Bureau of Public Information		18,600	29,700	1,000	49,300
TOTALS	29,000	19,400	33,000	61,625	143,025

* See totally offsetting revenue item under Sundry Income - Grants Estimated, Appendix T8.

1. With the exception of Council travel, budget requests of the Council on Communications are shown under Bureau of Public Information (See also note 7 below.)

2. A Co-ordinator will be engaged by the Council on Education to oversee the survey programs. It is expected that this arrangement will cost approximately \$10,000 in fees. Also \$1,800 toward graduate surveys is being paid by C.F.D.E.

Notes to Appendix T12 - Continued

3. The former CDA Council on Headquarters Property is now a committee of Executive Council. Accordingly, requests relating to property management are shown in total under Special Requests - General Administrative opposite Executive Council (including committees). The request item is made up as follows:

Light, Heat, Water	\$4,200
Repairs and Maintenance	4,000
Realty Taxes	7,000
Caretaking Salary	2,600
	<u>\$17,800</u>

4. The Council on Health Care is an amalgamation of former CDA Councils on Public Health, Auxiliary Services and Dental Services. The request is made up of:

Annual meeting	\$2,500
plus Sub-committee meetings	1,000
	<u>\$3,500</u>

5. The budget request of the Council on Hospital Services includes a provision of \$600 for surveys by out-of-towners of hospital dental departments.
6. The \$500 general administration special request of the CDA Bureau of Dental Statistics is to defray the costs of an arrangement with the University of Toronto (Faculty of Dentistry) to share their computer on an after hours basis, in connection with the 1973 Survey of Dental Practice.
7. Requests of the Bureau of Public Information have the support of the CDA Council on Communications. Note 4 of Appendix T10 and Note 7 of the same appendix provide details respectively of Film Production and Distribution estimates and Bureau of Public Information printing (publications) requests.

TREASURER

APPENDIX T13CDAPROPOSED EXPENDITURE REDUCTIONSIN 1974 BUDGET

	Reduction to	Amount of Cut
Complimentary Classified	\$ Eliminated	\$ 4,000
General Contingency	7,000	3,000
Office Administration Fund	8,000	2,000
TV Film Clips	5,600	2,000
TV Film New	Eliminated	9,000
Furniture & Fixtures	1,500	500
Office Expense	21,200	1,000
Salaries	252,800	2,000
Travel - President	6,000	1,000
Travel - Executive Director	8,000	1,000
B.P.I. Printing - Survey Membership	Eliminated	2,000
- Transportation Advertising	Eliminated	5,000
- Gift Pax	Eliminated	2,000
Committee on Standards	1,500	500
<u>T O T A L</u>		<u>\$ 35,000</u>

Resolved that the Board approve the elimination of "General Contingency - \$3,000" from the Treasurer's list of suggested reductions (i.e. that the amount of "General Contingency" reserve remain at \$10,000)

Adopted

Resolved that the Board accepts the proposed expenditure reductions as amended.

Adopted

Resolved that the funds produced by the budget cuts be allocated as follows: Task Force - \$15,000; Communications (internal and external) - \$6,000; Bureau of Dental Statistics - \$4,000.

Adopted

Resolved that the 1974 budget of receipts and expenditures be approved as amended.

Adopted

Summary of Executive Council Actions, September
10-12, 1973 on the Treasurer's 1974 Budget Report:

"87. Motion: Hrabowsky - Reid

that the Executive Council accepts the budget prepared by the Treasurer (Appendix T10) for presentation to the Board of Governors for approval.

Carried."

"88. Motion: Hrabowsky - Reid

that the Executive Council approves the elimination of "General Contingency - \$3,000." from the Treasurer's list of suggested reductions (Appendix T13).

Carried."

"89. Motion: Hrabowsky - Reid

that the Executive Council accepts the proposed expenditure reductions (T13) as amended and recommends them to the Board of Governors for approval.

Carried."

"90. Motion: Hrabowsky - Reid

that it be recommended to the Board of Governors that the funds produced by the budget cuts (see motion in para. 89) be allocated as follows:
Task Force - \$15,000; Communications (internal and external) - \$6,000; Bureau of Dental Statistics - \$4,000.

Carried."

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1972

Auditors' Report
General Account
 Balance Sheet
 Statement of Revenue and Expenditure and Surplus
 Statement of Source and Application of Funds
 Notes to Financial Statements
Other Balance Sheets and Statements of Revenue and
 Expenditure and Surplus
 Reserve Fund
 National Convention
 Library Trust Fund
 The Grieve Memorial Lectureship Fund
 War Memorial Award Fund

Thorne
Gunn
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

We have examined the balance sheets of the General Account, Reserve Fund, National Convention, Library Trust Fund, The Grieve Memorial Lectureship Fund and War Memorial Award Fund of the Canadian Dental Association as at December 31, 1972 and the statements of revenue and expenditure and surplus and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1972 and the results of its operations and the general account source and application of funds for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Toronto, Canada
February 5, 1973

Thorne Gunn & Co.
Chartered Accountants

TREASURER

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

GENERAL ACCOUNT

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

	<u>1972</u>	<u>1971</u>
ASSETS		
CURRENT ASSETS		
Cash	\$ 28,058	\$ 527
Guaranteed investment certificates	20,000	40,000
Accounts receivable	39,084	5,811
Prepaid expenses	<u>8,926</u>	<u>3,969</u>
	<u>96,068</u>	<u>50,307</u>
FIXED ASSETS, at cost		
Building, 234 St. George Street, Toronto	197,230	197,230
Building, Ottawa - architectural fees	14,642	
Furniture, fixtures and equipment	<u>94,073</u>	<u>92,676</u>
	305,945	289,906
Less accumulated depreciation	<u>137,612</u>	<u>126,262</u>
	168,333	163,644
Land, 234 St. George Street, Toronto	5,100	5,100
Deposit on purchase of land, Ottawa (note 1)	<u>9,276</u>	<u>7,100</u>
	<u>182,709</u>	<u>175,844</u>
	<u>\$278,777</u>	<u>\$226,151</u>
LIABILITIES AND SURPLUS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 39,337	\$ 5,652
Deferred revenue	<u>4,200</u>	<u>4,700</u>
	43,537	10,352
SURPLUS	<u>235,240</u>	<u>215,799</u>
	<u>\$278,777</u>	<u>\$226,151</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Revenue		
Associate memberships	\$ 3,231	\$ 3,346
Student memberships	3,695	3,785
Grants from corporate members		
British Columbia	68,120	63,245
Alberta	41,340	39,357
Saskatchewan	15,080	13,230
Manitoba	20,800	19,915
Ontario	174,790	123,600
Quebec	89,485	91,685
New Brunswick	9,915	7,676
Nova Scotia	13,650	9,750
Prince Edward Island	2,275	2,015
Newfoundland	3,770	4,193
Interest from The Canadian Dental Research Foundation	800	800
Interest income	2,251	547
Sale of publications, other than Journal	26,317	26,124
Space rental - Canadian Fund For Dental Education	2,400	1,800
Special grants and sundry income	24,317	35,841
Subscriptions, CDA Journal	<u>4,560</u>	<u>3,613</u>
	<u>506,796</u>	<u>450,522</u>

TREASURER

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Expenditure		
Annual board meeting	\$ 22,455	\$ 18,380
The Canadian Dental Research Foundation Award	520	700
Contingency	650	2,390
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	6,419	6,280
Grants		
Canadian Dental Nurses and Assistants	300	300
Canadian Fund for Dental Education	19,000	18,000
Federation Dentaire Internationale	3,031	3,048
Journal of CDA (see * below)	7,488	4,271
History of Dentistry and Archives	132	101
Insurance	2,442	1,896
Intraprofessional communications		12,000
Office supplies and expenses	17,565	20,703
Postage	10,885	8,081
Professional services	5,404	3,285
Property expenses		
Light, heat and water	3,993	3,434
Repairs and maintenance	3,407	5,598
Taxes	6,309	6,131
Publications other than journal	43,972	51,342
Salaries	213,143	173,680
Salary expenses	22,399	20,709
Telephone and telegraph	5,828	4,286
Translations	6,479	1,762
Travel expenses	80,603	59,228
	<u>487,355</u>	<u>430,536</u>
Surplus for the year	19,441	19,986
Surplus at beginning of year	<u>215,799</u>	<u>195,813</u>
Surplus at end of year	<u>\$235,240</u>	<u>\$215,799</u>
* Certain details re Journal of CDA		
Advertising	<u>\$121,236</u>	<u>\$127,889</u>
Less		
Agency commission	15,460	16,340
Photo engravings	5,478	6,557
Postage	17,109	14,979
Printing	83,682	66,936
Publisher's commission	6,995	27,348
	<u>128,724</u>	<u>132,160</u>
Excess of above costs over advertising revenues	<u>\$ 7,488</u>	<u>\$ 4,271</u>

TREASURER

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Source of funds		
Operations		
Surplus for the year	\$19,441	\$19,986
Depreciation which does not involve an outlay of funds	<u>11,350</u>	<u>11,211</u>
	<u>30,791</u>	<u>31,197</u>
Application of funds		
Land purchase, Ottawa	2,176	7,100
Additions to furniture, fixtures and equipment	1,397	5,845
Building, Ottawa - architectural fees	<u>14,642</u>	<u>12,945</u>
	<u>18,215</u>	<u>12,945</u>
Increase in working capital	12,576	18,252
Working capital at beginning of year	<u>39,955</u>	<u>21,703</u>
Working capital at end of year	<u>\$52,531</u>	<u>\$39,955</u>
Current assets	\$96,068	\$50,307
Current liabilities	<u>43,537</u>	<u>10,352</u>
	<u>\$52,531</u>	<u>\$39,955</u>

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1972

1. Under the terms for the purchase of the property in Ottawa, the Association has agreed to pay the balance of the purchase price of \$70,579 on closing - February 28, 1973.

The Association also undertakes to commence construction of a building within 3 years of the closing date or the property must be resold to the vendor at the original purchase price.

2. These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

TREASURER

CANADIAN DENTAL ASSOCIATION

RESERVE FUND

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

ASSETS	<u>1972</u>	<u>1971</u>
Cash	\$ 2,397	\$ 4,740
Accrued interest	1,770	1,770
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1972, \$166,609; 1971, \$156,225)	179,715	168,715
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1972, \$127,287; 1971, \$100,108)	<u>103,500</u>	<u>103,500</u>
	<u>\$287,382</u>	<u>\$278,725</u>
 SURPLUS		
Surplus	<u>\$287,382</u>	<u>\$278,725</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Revenue		
Investment interest	\$ 8,639	\$ 7,626
Bank interest	18	27
Profit on sale of bonds	<u> </u>	<u>188</u>
Surplus for the year	8,657	7,841
Surplus at beginning of year	<u>278,725</u>	<u>270,884</u>
Surplus at end of year	<u>\$287,382</u>	<u>\$278,725</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

	ASSETS	1972	1971
Cash		\$ 565	\$ 667
Guaranteed investment certificates		14,000	11,000
Accounts receivable		150	
Prepaid expenses		668	75
		<u>\$ 15,383</u>	<u>\$ 11,742</u>
	SURPLUS		
Surplus		<u>\$ 15,383</u>	<u>\$ 11,742</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	1972	1971
Revenue		
Registration fees - dentists and wives	\$ 51,930	\$ 37,160
Exhibit space sales	33,200	27,150
Tickets - President's party	8,862	6,860
Tickets - other functions	5,506	2,034
Interest earned	1,353	738
Quebec government grant	5,000	
	<u>105,851</u>	<u>73,942</u>
Expenditure		
Shipping and mailing	4,604	2,176
Clinician honoraria and expense	11,149	6,209
Clinic equipment and facilities	3,719	1,914
Cost of exhibits	6,920	12,117
Meeting room rental fees	3,095	1,610
Registration facilities	1,913	1,702
Printing and promotion	18,040	11,048
Social functions	25,061	15,388
Table clinician gifts	650	705
CDA Section grants	1,125	2,560
Temporary help	1,586	198
Security services	783	263
Headquarters services	7,809	4,500
Telephone and telegraph	1,299	430
Translation	864	625
Travel expense	5,330	755
Installation lunch (see Quebec government grant above)	4,122	
Miscellaneous expenses	500	
	<u>98,569</u>	<u>62,200</u>
Surplus for the year before profit sharing	7,282	11,742
Equal profit sharing with Quebec Dental Surgeons Association	3,641	
Surplus for the year after profit sharing	3,641	11,742
Surplus at beginning of year	11,742	
Surplus for year	<u>\$ 15,383</u>	<u>\$ 11,742</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

	<u>1972</u>	<u>1971</u>
ASSETS		
Cash	\$ 28	\$ 1,363
Government bonds, at cost (market value 1972, \$41,500; 1971, \$41,500)	<u>41,500</u> <u>41,528</u>	<u>41,500</u> <u>42,863</u>
Furniture and fixtures, at cost	103	103
Less accumulated depreciation	<u>51</u> <u>52</u>	<u>41</u> <u>62</u>
Books, at cost	24,830	22,319
Less accumulated depreciation	<u>24,829</u> <u>1</u>	<u>22,318</u> <u>1</u>
	<u>\$41,581</u>	<u>\$42,926</u>
SURPLUS		
Surplus	<u>\$41,581</u>	<u>\$42,926</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Revenue		
Bond interest	\$ 2,386	\$ 2,523
Bank interest and sundry income	35	7
Profit on sale of bonds		1,590
Royalties - History of Dentistry	<u>248</u>	<u>793</u>
	<u>2,669</u>	<u>4,913</u>
Expenditure		
Bank charges	17	16
Binding books, journals, etc.	433	381
Depreciation, books	2,511	1,670
Depreciation, furniture and fixtures	10	10
Office supplies and expense	275	17
Publishing costs - History of Dentistry		10,000
Subscriptions	<u>768</u>	<u>922</u>
	<u>4,014</u>	<u>13,016</u>
Deficit for the year	1,345	8,103
Surplus at beginning of year	<u>42,926</u>	<u>51,029</u>
Surplus at end of year	<u>\$41,581</u>	<u>\$42,926</u>

TREASURER

CANADIAN DENTAL ASSOCIATION
THE GRIEVE MEMORIAL LECTURESHIP FUND
BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

	<u>1972</u>	<u>1971</u>
ASSETS		
Cash	\$ 625	\$ 607
Accrued interest	85	85
Government bonds, at cost (market value 1972, \$4,765; 1971, \$4,936)	<u>5,340</u>	<u>5,340</u>
	<u>\$ 6,050</u>	<u>\$ 6,032</u>
SURPLUS		
Surplus	<u>\$ 6,050</u>	<u>\$ 6,032</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Revenue		
Bond interest	\$ 273	\$ 273
Bank interest	<u>18</u>	<u>22</u>
	<u>291</u>	<u>295</u>
Expenditure		
Orthodontic Section of Canadian Dental Association	273	273
Refund of prior year's donation	<u>1</u>	<u>100</u>
	<u>273</u>	<u>373</u>
Surplus (deficit) for the year	18	(78)
Surplus at beginning of year	<u>6,032</u>	<u>6,110</u>
Surplus at end of year	<u>\$ 6,050</u>	<u>\$ 6,032</u>

TREASURER

CANADIAN DENTAL ASSOCIATION

WAR MEMORIAL AWARD FUND

BALANCE SHEET - DECEMBER 31, 1972
(with comparative figures at December 31, 1971)

	<u>1972</u>	<u>1971</u>
ASSETS		
Cash		\$ 854
Accrued interest		55
Government bonds and guaranteed investment certificate, at cost (market value 1971, \$9,426)		<u>9,683</u>
	<u>Nil</u>	<u>\$10,592</u>
SURPLUS		
Surplus	<u>Nil</u>	<u>\$10,592</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1972
(with comparative figures for 1971)

	<u>1972</u>	<u>1971</u>
Revenue		
Investment interest	\$ 599	\$ 653
Bank interest	<u>23</u>	<u>14</u>
	622	667
Expenditure		
Essay awards	<u>300</u>	<u>300</u>
Surplus for the year	322	367
Surplus at beginning of year	<u>10,592</u>	<u>10,225</u>
	<u>10,914</u>	<u>10,592</u>
Transferred to		
Canadian Fund for Dental Education	10,614	
Canadian Dental Association General Account	<u>300</u>	
	<u>10,914</u>	
Surplus at end of year	<u>Nil</u>	<u>\$10,592</u>

MEETING OF VOTING MEMBERS

A meeting of the corporate members (voting members) of the Canadian Dental Association was held in the Social Suite West of the Hotel Vancouver, Vancouver, B.C., on Saturday, October 13, 1973.

CALL OF MEETING

1. An official notice of the meeting was mailed to the Presidents and Secretaries of CDA corporate members from the headquarters of the Canadian Dental Association, Toronto, on June 19, 1973. A further announcement of the meeting was made in the Social Suite West of the Hotel Vancouver on Friday, October 13, 1973.

QUORUM

2. In accordance with the requirements of CDA by-laws (Article VI, Section 1(f), written notice had been received by the Executive Director of the appointment of the following corporate member representatives:

British Columbia:	J.F. Reid
Alberta:	R.A. Gray
Saskatchewan:	F.T. Wihak
Manitoba:	J.E. Abra
Ontario:	D.C. Clee
New Brunswick:	M.J. Cripton
Nova Scotia:	J.E. Merritt
Newfoundland:	K.F. Walsh

3. All of the above named were present. No response had been received from the corporate members from Quebec and Prince Edward Island.

AGENDA

4. Motion: Clee - Wihak
that the agenda, as distributed,
be adopted.
Carried

APPOINTMENT OF AUDITORS

5. Motion: Reid - Wihak
that, as recommended by the Executive Council, Thorne Gunn & Co. be appointed Association auditors until the next meeting of the voting members.
Carried

NEW BUSINESS

6. No new business was considered.

ADJOURNMENT

7. Motion: Clee - Abra
that the October 13, 1973 meeting of voting members be adjourned.
Carried

INSTALLATION CEREMONY

An installation ceremony was held in the British Columbia Ballroom of the Hotel Vancouver, Vancouver, on Wednesday, October 17, 1973 during a luncheon hosted by the Government of British Columbia, represented by the Honourable D.G. Cocke, Minister of Health. Dr. D.K. Peters, retiring President, presided during the installation ceremonies.

PRESIDENT PETERS

Il m'est agreable de souhaiter la plus cordiale bienvenue aux representants de langue francais de l'Association dentaire canadienne.

Sixteen months ago in Montreal the Canadian Dental Association set for me a job to do. The installation was accompanied by a humbling expression of confidence, good-will and encouragement. The quality of the performance is not for me to judge, but permit me to comment briefly on the pulse of the Association as it registers on my sphygmomanometer.

Travelling the breadth of Canada, one sees a vital interest in our Association and a loyalty to it. The optimism of faith which inspired its inauguration in Montreal 71 years ago is still very much in evidence. I see Canada as a native born Newfoundlander, one who has not been a Canadian citizen long enough to have taken that citizenship for granted. I see in Canada the splendor of the Rocky Mountains, the romance and justice of the R.C.M.P., the power of Niagara, the courage and historic tradition of Plains of Abraham and the simplicity and charm of Ann of Green Gables. Ours is a great country, whose potential is limited only by the vision of those who are its builders.

We who live in Canada must surely recognize our place of privilege, and for us in Dentistry that privilege is not without its responsibilities.

Our supreme professional responsibility is to the public we serve - to seek out new and expanded ways of providing an adequate health services for our entire population. This must be the ultimate aim of all our programs, all our research, all our techniques, all our negotiations and all our resources.

To achieve this noble objective, our profession, as manifested in our National Association, must be strong and responsible, and in the political reality of Canada, this surely must be through mutual trust and recognition between our national Association and our corporate bodies. Our Association is on the verge of its greatest undertaking - the establishment of our headquarters in Ottawa. This building will be an expression of our appreciation of dentistry's past, and our confidence in its leadership and our faith in its future. I appeal to you to return to the main stream of our profession to support this project, to have faith in its concept, and to have the courage to carry it to fruition.

My wife and I thank you for your overwhelming kindness, we are honoured to have served. We are inspired by the dedication of our staff, officers, officials and members. We pledge to Jack and Marion Abra our help, support and confidence in the year ahead.

INSTALLATION CEREMONY

HONORARY MEMBERSHIP: presented by President Peters

On behalf of the Executive Council I shall now confer upon Dr. H.M. Worth Honorary Membership in the Canadian Dental Association.

Dr. Worth, your career has been a long and distinguished one, with outstanding contributions to both Canadian medicine as well as dentistry in your specialist field of oral radiology. Your renown is world wide, but it is especially as a teacher, who is generous with time and effort, that you have won the love and respect of all who have come under your direct influence.

As a consultant and lecturer across Canada, the United States and Great Britain, many have shared your insights and learned from your store of knowledge and expertise. Touching on your outstanding career, one might mention your positions as Dental Radiologist to Guy's Hospital, London; Consulting Radiologist to the Hospital for Sick Children, Toronto; Consultant in Radiology the School of Dentistry, University of Washington; Honourary Member of the Consulting Staff, British Columbia Cancer Institute; Honourary Professor in Radiology, Faculty of Medicine, University of B.C.; Many more have been influenced by your writings - your own textbook, "The Practice and Principles of Oral Radiological Interpretation", as well as your contributions to other texts and scores of articles on medical and dental radiology.

It is most appropriate that we make this presentation in the city of Vancouver which has been your home since the 1950's, and before so many colleagues, former students and friends.

May I now confer upon you, Dr. Worth, the highest honour our Association can bestow - Honourary Membership in the Canadian Dental Association. May you have many active years in which to enjoy it and to continue your contributions to oral radiology. In accepting the award you honour the Canadian Dental Association.

Dr. Worth: Thank you.

Honourary membership has also been bestowed upon Dr. J. Menzies Campbell, an internationally known dental historian of Glasgow, Scotland, and a graduate of Toronto University. The Association was pleased that Dr. Don W. Gullett was able to present Dr. Menzies Campbell with this award, and his citation is as follows:-

"Dr. J. Menzies Campbell, your career in the dental profession has been long and distinguished. We, in Canada, claim some small part in your formative years due to the fact that you graduated from the Toronto Dental School in 1912.

Not being content with only being a practitioner, you have as an historian, author and lecturer made contributions of inestimable value to the profession. Through meticulous research your writings have established where

INSTALLATION CEREMONY

we as a profession came from in order that the future may be delineated. No one else has published as many articles of significant value related to the history of dentistry. Your contribution is of lasting value and will be utilized by future generations. Men of your calibre are scarce indeed and the whole profession is greatly indebted to you.

You have rendered meritorious service to your profession over many decades. We recognize that such a full life of accomplishment could not have been achieved without the willing co-operation and assistance of your wife, Margaret. We are most grateful and trust that you will have many years of happiness.

It is with these sentiments that on behalf of the President of the Canadian Dental Association, I bestow on you Honorary Membership and present you with this certificate. In doing so, we honour ourselves."

INSTALLATION OF NEW PRESIDENT: Installing Officer W.J. Spence

It is an honour and pleasure for me to present to you and install as President of the Canadian Dental Association, Dr. John Earl Abra of Winnipeg, Manitoba.

Jack, as his friends know him, was born in Winnipeg and educated in the elementary and secondary schools of that city. His pre-dental education was at the University of Manitoba and he received his D.D.S. at the University of Minnesota. His post-graduate training in Orthodontics was taken at the Forsyth Dental Centre, Harvard University.

Jack's military career was a distinguished one as he served with the Royal Canadian Dental Corps from 1939 to 1946 and, as a Lieutenant-Colonel, was Commanding Officer of #6 Company.

Dr. Abra has served his profession and his specialty well over many years. He was President of the Manitoba Dental Association, of the Canadian Association of Orthodontists, and of the Midwestern Section, American Association of Orthodontists. He also served on the Board of Directors of the American Association of Orthodontists. Jack is Assistant Professor, Faculty of Dentistry, University of Manitoba.

Dr. Abra is married to a beautiful and charming lady who will be introduced to you later. Marion and Jack have three fine sons and three grandchildren.

This gentleman has many interests outside of his family and his profession. He played hockey until he was stopped by a broken hand. He then became a figure skater of note and was gold medal and national judge for the Canadian Figure Skating Association. If he could handle some of those "skating Mothers", he should be well-equipped to handle any prima donnas of our Board of Governors. Jack also is a keen hunter and curler. He serves his Church as an Elder and member of the Official Board and is a Board member of the Community Chest of Greater Winnipeg. In this latter

INSTALLATION CEREMONY

respect, Jack's experience has been invaluable to the Canadian Dental Association as Chairman of the National Capital Fund to build our new headquarters in Ottawa.

Dr. Abra has served on the Board of Governors of this Association for seven years and four years on the Executive Council.

I hope that I have been able to convey to you enough of Dr. Abra's background to make you aware of how fortunate we are to have a man of this stature to lead the affairs of the Canadian Dental Association for this coming year. Jack with his tact and Marion with her charm will be excellent representatives for Canadian dentistry.

Dr. John Abra, I congratulate you, sir, and I am sure that I speak for all members of the Canadian Dental Association when I wish you every success.

DR. ABRA:

Mes amis de Quebec; Parce que je sais que vous parler l'Anglais tres bien et je ne peux pas repetez tousjour "La plume de ma tante et sur le table". Je vous prie me permettre parler en Anglais s'il vous plait. For those of you uneducated people who are not bilingual, I just told my confreres from Quebec that I was sorry the Expos had not won the pennant this year.

This is the fifth time that a man from Manitoba has been installed as your President.

Three of the previous four are no longer with us, but the fourth is very much alive. I am personally honoured that he has made the effort to be here today, because last Friday, he celebrated his 94th birthday. He practised in Winnipeg for over sixty years and has held every office in Canadian dentistry that it is possible to hold and is now one of our distinguished honorary life members. He has never lived in the past and as an example of his faith in the future, he has made a generous contribution to our fund for a new building in Ottawa. The profession needs a lot more Harry Garvins -- Harry will you please stand and be recognized.

Still on the subject of Manitoba, I want to tell you that just before I entered this room, the President of the Manitoba Dental Association handed me a cheque for \$2,000. to go to the new building fund. Thank you Manitoba for your generosity and also for selecting me as your Governor for the past seven years.

I am most conscious of the difficulty I will have in trying to follow David Peters as your President. It is going to be a real job fitting my small size seven feet into his big fisherman's boots. My speeches will be dull in comparison. As someone has said "How do you follow Bob Hope". I do not have the wonderful Newfoundland stories that we

INSTALLATION CEREMONY

have grown to love, nor do I have the gift of eloquence that has been exhibited on so many occasions. There is only one area that I think I measure up -- I too, have a charming and beautiful wife. During the election last year in Montreal, one Governor was heard to remark - "I don't know what kind of a President Jack will make, but I do know that Marion will make a damned fine President's wife". Marion will you please stand up and take a bow.

I am looking forward to working with the fine new Board of Governors and Executive Council you have elected and also the dedicated staff at headquarters, which is captained by our very capable executive director, Bill McIntosh. I have worked with most of them before and appreciate their abilities.

We have great challenges to face and the future is uncertain, but I did not accept the presidency of this great organization to preside at its funeral. For I am convinced that no matter how low our fortunes may become, men of integrity and dedication will come forward to build it up again. During the year, I hope to visit all of the provinces in our country and to meet a great many of you personally. I warn you now, that I shall be after your money and your time. We need a new building in Ottawa and we need dedicated workers who will make sacrifices to advance our profession to a place of eminence. I am sure that together we can achieve both objectives.

Thank you.

THANKING OF PAST PRESIDENT AND PRESENTATION OF GIFT: Dr. W.J.Spence

Fifteen months ago in the City of Montreal, Dr. David K. Peters was installed as President of the Canadian Dental Association. Dr. Peters is the first President from his beautiful province of Newfoundland and has since been dubbed "THE CODFATHER" of Canadian dentistry.

During his tenure, David, with his extreme good sense, delightful wit and many other talents, has been a leader par excellence of this Association. As those of us who were in attendance at last weeks' Board of Governors meeting know, his schedule of Presidential visitations was long and, I'm sure, was at times tiring for him, for his wife and his family. Dr. Peters, along with his "spiritual adviser" and interpreter in two languages, Dr. McIntosh, has been an exemplary representative for Canadian dentistry. David has brought into our deliberations, a new dialect called Newfoundlandese. It is wonderful good fun.

DR. PETERS RISES: "No by - stay where yer to till I comes where yer at".

Dr. Peters, on behalf of all members of the Canadian Dental Association, I am honoured to present you with your Past President's jewel. "Here tis by". You may wear it with pride in a job well done and I know that

INSTALLATION CEREMONY

we are all proud of you. --- Also, as a token of the Association's appreciation, we ask you to accept this gift

I would now ask the ever-smiling and beautiful wife of our Immediate Past President, Mrs. Dorothy Peters, to please come forward. Dorothy, we of this Association are mindful of the sacrifices that you and your family have made on our behalf. May I ask you to accept this small gift and corsage as an indication of our appreciation.

TRANSACTIONS

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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Canadian Dental Association
Transactions [of the]
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